# P98000079713

# Florida Department of State

## **Division of Corporations**

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 98 SEP 15 PM 3: 33
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

# FLORIDA PROFIT CORPORATION OR P.A.

CABANAS COOL AIR, INC.

Certificate of Status	1
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#### **ARTICLES OF INCORPORATION**

OF

CABANAS COOL AIR, INC.

FILED 3. 33
98 SEP 15 PH 3. 33
FILLANIASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: CABANAS COOL AIR, INC.

The principal place of business of this corporation shall be: 16332 SW 95th Lane Miami, Florida 33196

#### **ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all tawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000 Shares

#### <u>ARTICLE IV TERM OF EXISTENCE</u>

This corporation is to exist perpetually.

#### **ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

P-D Roberto Cabanas 16332 SW 95th Ln Miami, Florida 33196

S-T-D Vicente Cabanas 16401 SW 95th Street Miami, Florida 33196

Prepared by: Carmona & Associatess, Inc. 6850 Coral Way Ste# 206
Miami, Fl 33155
305-665-8089

VP-D Armando Cabanas 16401 SW 95th Street Miami, Florida 33196

#### Prepared by:

Carmona & Associates, Inc. 6850 Coral Way # 206 Miami, Florida 33155

#### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Roberto Cabanas 16332 SW 95th Lane Miami, Florida 33196

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 14th day of September 19 98.

Signature(s) of Incorporator(s)

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

2. The name and address of the registered agent and office is: ROBERTO CAB  16332 SW 95th Lane (P.O. BOX NOT ACCEPTABLE)  Miami, Florida 33196  (CITY/STATE/ZIP)  SIGNATURE (corporate officer)  TITLE President  DATE 9/14/98  HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFI HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGE COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PAND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES  SIGNATURE 9/14/98	1. The name of the corporati	ion <u>Cabanas</u>	COOL AI	R, INC.	
(P.O. BOX NOT ACCEPTABLE)  Miami, Florida 33196  (CITY/STATE/ZIP)  SIGNATURE (corporate officer)  TITLE President  DATE 9/14/98  HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFI HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGE COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE P AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES  SIGNATURE 9/14/98	2. The name and address of	the registered a	gent and of	fice is: ROBERTO	CABAN
Miami, Florida 33196  (CITY/STATE/ZIP)  SIGNATURE (corporate officer)  TITLE President  DATE 9/14/98  HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFI HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGE COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PAND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES  SIGNATURE 9/14/98		16332 SW	95th Lan	e	
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