## TRANSMITTAL LETTER

# P990000 42512

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETIANT OF STATE O

SUBJECT:

C.A.C. Cool Air Conditioning Services, Inc,

(Proposed corporate name - must include suffix)

100002865091--8 -05/06/99--01051--016 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75 Filing Fee

& Certificate of Status

**≅**\$78.75

Filing Fee & Certified Copy \$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

Norma Schneider

Name (Printed or typed)

862 NW 81 Terrace

Address

Plantation, Florida 33324

City, State & Zip

954-680-3719

Daytime Telephone number

F. CHESSEN MAY 1 1 1999

NOTE: Please provide the original and one copy of the articles.

# RTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### <u>ARTICLE</u> I NAME

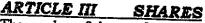
The name of the corporation shall be:

C.A.C. Cool Air Conditioning Services, Inc.

### PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Norma Schneider



The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

### <u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

Norma Schneider

862 NW 81 Terrace Plantation, Florida 33324

### INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Norma Schneider 862 NW 81 Terrace Plantation, Florida 33324

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Maina!