

TRANSMITTAL LETTER

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

400002953074--4
-08/06/99--01081--003
*****87.50 *****87.50

SUBJECT: ASBEL MECHANICAL Supply, Inc.
(Proposed corporate name - must include suffix)

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: EUGENE D. ASBEL JR.
Name (Printed or typed)

P.O. Box 291671
Address

Tampa, FL 33687
City, State & Zip

813-917-5291 (813-788-2636)
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 AUG -6 AM 8:18

FILED

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

ARTICLES 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.

ARTICLE I NAME

The name of the corporation shall be:

ASBEL MECHANICAL Supply, INC

ARTICLE II PRINCIPAL OFFICE

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

LOCATION
2205 DEER LANE
Zephyrhills, FL 33540

MAIL
P.O. Box 291671
Tampa, FL 33687

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


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

EUGENE D. ASBEL JR.
2205 DEER LN.
Zephyrhills, FL 33540

ARTICLE V INCORPORATOR

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

EUGENE D. ASBEL JR.
P.O. Box 291671
Tampa, FL 33687


Signature/Incorporator

8/4/99
Date

(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

8/4/99
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA