P12000087436

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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My Mag

TO OCT 15 PM 4: 3:

10/16/12

COVER LETTER

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

SUBJECT: Household Appliances Corp.				
(PROPOSED CORPORA)	TE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROм: Isis Napoles				
Name	(Printed or typed)			
20100 S.W. 91 Ave.	ddress			
Cutler Bay, Florida 33189 City, State & Zip				
305-801-9026	elephone number			
inap11@aol.com E-mail address: (to be used for future annual report notification)				

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



RECEIVED

12 OCT 15 PM 12: 16

SECRIPANT OF STATE. TALLAHANSBE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2012

ISIS NAPOLES 20100 SW 91 AVE CUTLER BAY, FL 33189

SUBJECT: HOUSEHOLD APPLIANCES CORP.

Ref. Number: W12000051005

We have received your document for HOUSEHOLD APPLIANCES CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) VI & VII.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 812A00024640

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the	NAME Household Applian corporation shall be:	nces Corp.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing ad	dress, if different is:
	20100 S.W. 91 Ave	 	
	_Cutler Bay, Florida 33189		
			
ARTICLE III	PURPOSE		F. 20
	which the corporation is organized is:		
Sale Household Appliances			
	. ,		5 =
ARTICLE IV	SHARES		39
The number of sh			
ADDICT IS IT	INFTIAL OFFICEDS AND OF DIDECT	TYDE	
	INITIAL OFFICERS AND/OR DIRECT		
Address:	20100 S.W. 91n Ave		
	Cutler Bay, Florida 33189		
X1 11	m'ul	St. 17%L	
Name and Address:	Title:		
Address.			
Name and Title:			
Address:			
			
	REGISTERED AGENT		
The <u>name and F</u> Name:	lorida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name: Address:	201006W GIAV.		
Addi ess.	OVHERBAY 7/ 3	7/86	
	_0011.0pc/21-2.	21.0. 7	
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	2015 1097012		
Address:	JOIOOSW GLAVE	<u>aa 180</u>	
		2018	
Having been na	med as registered agent to accept service of pr	ocess for the above stated corpor	ation at the place designated in
this certificate, I	am familiar with and accept the appointment a	s registered agent and agree to ac	t in this capacity
	$\setminus \bigcirc \cdot \bigcirc \bigcirc$		1. //-
	kin mahal		9/21/12
	Required Signature/Registered Agent	.	Date
I cubanit dhin Arr	manual and affirm that the first control to make	o none tours I new morning that the s	Color in Commercian enchanters in a
	cument and affirm that the facts stated herein Department of State constitutes a third degree f		
-vimusius 40 MRC 1	Superior Superior States and the Steel	erency we provide a great that it is	y # 1.31
	- Das milan		09/21/2012
	Required Senature/Incorporator		Date
	· / ~		