POIOORANS/HT/AULETTAR 90/

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

300004661513--1 -10/31/01--01040--018 *****87.50 *****87.50 GIBSON APPLIANCES, INC. SUBJECT: (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 \$78.75 \$78.75 **\$87.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: CHRIS E GIBSON Name (Printed or typed) St. Petersburg, FL 727-527-1891 Daytime Telephone number

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

2/1/2/0/

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

FILED

GIBSON APPLIANCES, INC.

010CT 31 AM 9: 22 SECRETARY OF STATE TALLAHASSEE FLORIDA

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

4612 E. BROADWAY AVE. TAMPA, FL. 33605-4612

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

BUY AND SELL AND REPAIR ANY AND ALL KINDS OF HOME APPLIANCES

ARTICLE IV SHARES

The number of shares of stock is:

SEVEN THOUSAND FIVE HUNDRED

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

CHRIS E GIBSON

1825 69th Ane N S+ Rete, FL 33702

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

CHRIS E GIBSON

1825 69th AneN St. Pete, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRIS E GIBSON

1825 69 th Are N St. Pote FL 33702

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept The appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

EIBSON

10-29-2001 Date 10-29-2001

Date

Signature/Incorporator

CHRIS E GIBSON