

PO1000130759

TRANSMITTAL LETTER

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

000004733680--5  
-12/20/01--01017--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: DONEGAN APPLIANCES, 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: DONEGAN APPLIANCES, INC.  
Name (Printed or typed)

437 LOUISIANA AVENUE  
Address

ST. CLOUD, FLORIDA 34769  
City, State & Zip

407 847 3070  
Daytime Telephone number

FILED  
01 DEC 20 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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# 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:

DONEGAN APPLIANCE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

437 LOUISIANA AVENUE  
ST CLOUD FLORIDA 34769

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

newly open business servicing appliances

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

CHARLES DUNLOW  
437 LOUISIANA AVENUE  
ST CLOUD, FL 34769

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CHARLES DUNLOW  
437 LOUISIANA AVENUE  
ST CLOUD FLORIDA 34769


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHARLES DUNLOW  
437 LOUISIANA AVENUE  
ST. CLOUD, FLORIDA 34769

\*\*\*\*\*

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

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

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TALLAHASSEE FLORIDA