## Podoco40509

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

			*****70.00	*****70.00
SUBJECT:	Speciality &	Appliance Morporate name - must include	Techanics,	Inc.
Englosed is an original	and one(1) copy of the article	•	SECRETARY I	02 APR -8 AND
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: Speciality Appliance Mechanics, Troc Name (Printed or typed)				
2101 Brisbane 54 Address				
	Port St.	State & Zip	54984	
S(el 878 - 7538 Daytime Telephone number				

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

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ARTICLES OF INCORPORATION
The undersigned incorporator, for the purpose of forming a corporation under the Florida
ARTICLE I NAME  The name of the corporation shall be:  Speciality Appliance Mechanics The conditions of the corporation of the
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
2101 Brisbane St
Port St Lucie, F1 34984
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
10,000 Capital Stock
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Edward Snight 2101 Brisbane St
Post St Lucie, F1 34984
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Edward Snith
2101 Brisbane St Port St Lucie, F1 34984
Edward Smith 4/2/02
Signature/Incorporator 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