POSOCT 16 AM 7: 52

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

300008045643--4 -09/25/02--01025--018 *****87.50 *****87.50

| SUBJECT: Ma | ster Appliance Care Inc. | | | |
|-------------------------|--|--|--|-----|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> I | UDE SUFFIX) | _ |
| England on an aria | inclosed and (1) come of the out | islag of incomposition ana | d a check for | |
| Enclosed are all orig | final and one (1) copy of the art | icles of incorporation and | i a check for. | |
| □ \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED | |
| FROM: | Donald L Morris | | | .• |
| | Name (Printed or typed) | | | |
| | 201 E. Magnolia Ave. | | | |
| · | Address | | | |
| | Howey in the Hills, Florida 34737 | | | · |
| · | City, State & Zip | | | |
| | 352-324-2255 | | | |
| - | Daytime Telephone number | | | a - |

NOTE: Please provide the original and one copy of the articles. 3^{10}

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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 1, 2002

DONALD L MORRIS 201 E MAGNOLIA AVE HOWEY IN THE HILLS, FL 34737

SUBJECT: MASTER APPLIANCE CARE INC.

Ref. Number: W02000028367

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

UNABLE TO DIRECTLY CONTACT YOU BY TELEPHONE

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the 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) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 602A00055246

SECRETARY OF STATE

ARTICLES OF INCORPORATION

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

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ARTICLE I **NAME**

The name of the corporation shall be:

Master Appliance Care Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

201 E. Magnolia Ave. Howey in the Hills, Florida 34737

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

SEE ATTACHED SHEET

ARTICLE IV

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Donald L Morris, President

Donna M Morris, Vice president/ Secretary

REGISTERED AGENT ARTICLE VI

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

Donald L Morris

201 E. Magnolia Ave.

Howey in the Hills, Florida 34737

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Donald L Morris

201 E. Magnolia Ave.

Howey in the Hills, Florida 34737

352 324 2255

********************* 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 jumiliar whith and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

10-0

Signature/Incorporator

ARTICLE III PURPOSE

To engage in the sale, repair, and installation of major commercial or residential appliances and the doing of any other work incidental to or connected with such work.

The forgoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from engaging in any lawful act or activity for which a corporation may be organized under the General Corporation Law of Florida.

ARTICLE VIII EFFECTIVE DATE

OCT 11 2002