P04000/43433

(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Name)			
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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Office Use Only				
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TRANSMITTAL LETTER

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

SUBJECT: A+ App	liance, Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDESUIFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	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
EROM Do	nald J. Woodford		
PROM.	Name	(Printed or typed)	
	4610 Belladonna Ave.	Address	
	North Port, FL 34286 City,	State & Zip	·
	941-423-9562 Daytime T	elephone number	·

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

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:

A+ Appliance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4610 Belladonna Ave.

North Port, FL 34286

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail Sale and repair of new and used appliances.

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Donald J. Woodford, President 4610 Belladonna Ave. North Port, FL 34286

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Donald J. Woodford 4610 Belladonna Ave. North Port, FL 34286

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donald J. Woodford 4610 Belladonna Ave. North Port, FL 34286

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

10/15/04 Date

Signature/Incorporator

Date

O4 OCT 18 PM 2: 44
SECKETARY OF STATE