

P04000150179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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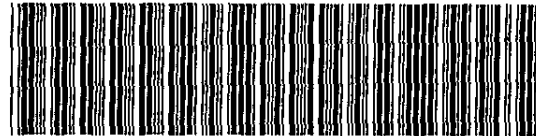
(Business Entity Name)

(Document Number)

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RECEIVED  
04 NOV -3 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

~~6004-38866~~

TH 11/3/04

## TRANSMITTAL LETTER

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

**SUBJECT:** Liquidators of Florida, Inc.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Liquidators of Florida, Inc.  
Name (Printed or typed)

1102 Byerly Way  
Address

Orlando, FL 32818  
City, State & Zip

407-467-1115  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

RECEIVED  
04 OCT 28 PM 3:35

October 21, 2004

LIQUIDATORS OF FLORIDA, INC.  
1102 BYERLY WAY  
ORLANDO, FL 32818

SUBJECT: LIQUIDATORS OF FLORIDA, INC.  
Ref. Number: W04000038866

We have received your document for LIQUIDATORS OF FLORIDA, 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):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filings Section

Letter Number: 904A00060695



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 21, 2004

LIQUIDATORS OF FLORIDA, INC.  
1102 BYERLY WAY  
ORLANDO, FL 32818

SUBJECT: LIQUIDATORS OF FLORIDA, INC.  
Ref. Number: W04000038866

RECEIVED  
04 OCT 28 PM 3:41

We have received your document for LIQUIDATORS OF FLORIDA, 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):

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Tammy Hampton  
Document Specialist  
New Filings Section

Letter Number: 904A00060695

# 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:

Liquidators of Florida, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

PO Box 418  
Ocoee, FL 34761

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To sell closeout products.

## **ARTICLE IV SHARES**

The number of shares of stock is:

1000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Roy Boatwright, Director  
PO Box 418  
Ocoee, FL 34761

Judy Boatwright, Secretary  
PO Box 67  
Ocoee, FL 34761

## **ARTICLE VI REGISTERED AGENT**

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

Roy Boatwright  
1102 Byerly Way  
Orlando, FL 32818

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Roy Boatwright  
1102 Byerly Way  
Orlando, FL 32818

\*\*\*\*\*

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