

P05000117447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

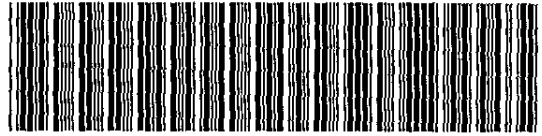
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.L. 8-21

TRANSMITTAL LETTER

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

SUBJECT: ALL KITCHEN APPLIANCE SERVICE 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: DONALD W. HOOD

Name (Printed or typed)

5727 CALAIS LANE

Address

ST PETERSBURG, FL 33714

City, State & Zip

727-526-6192

Daytime Telephone 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:

ALL KITCHEN APPLIANCE SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5727 CALAIS LANE
ST PETERSBURG, FL 33714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMMERCIAL APPLIANCE SERVICE & REPAIR

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DONALD W. HOOD
PRESIDENT
5727 CALAIS LANE
ST PETERSBURG, FL 33714

DIANNA F. HOOD
VICE PRESIDENT
5727 CALAIS LANE
ST PETERSBURG, FL 33714

ARTICLE VI REGISTERED AGENT

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

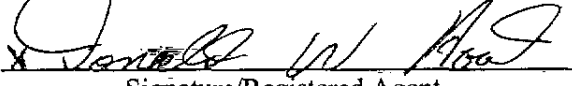
DONALD W. HOOD
5727 CALAIS LANE
ST PETERSBURG, FL 33714

ARTICLE VII INCORPORATOR

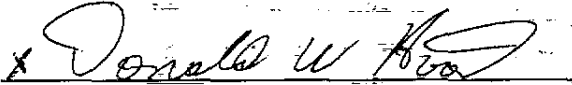
The name and address of the Incorporator is:

DONALD W. HOOD
5727 CALAIS LANE
ST PETERSBURG, FL 33714

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

X 
Signature/Registered Agent

X 8/18/05
Date

X 
Signature/Incorporator

X 8/18/05
Date

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05 AUG 22 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA