

P05000159434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

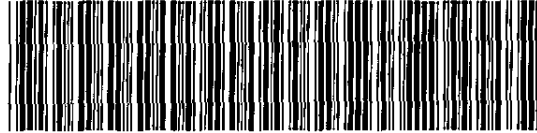
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800061598778

12/07/05--01001--002 \*\*87.50

EFFECTIVE DATE  
1-1-06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC -6 PM 3:11

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC -6 PM 2:52

REMOVED

**COVER LETTER**

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

SUBJECT: M & M In-Home Appliance Repair, 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: M & M In-Home Appliance Repair, Inc  
Name (Printed or typed)

P O Box 15015  
Address

TLH, FL 32317  
City, State & Zip

850-264-1382  
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:

M & M In-Home Appliance Repair, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

P O Box 15015  
TLH FL 32317

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05 DEC - 6 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Appliance Repair

RECORDED  
1-1-06

**ARTICLE IV SHARES**

The number of shares of stock is:

2

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

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

Virgil Melvin, CEO  
Alicia Melvin, President

**ARTICLE VI REGISTERED AGENT**

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

Alicia Melvin, President  
3711 Shamrock St W  
TLH FL 32308

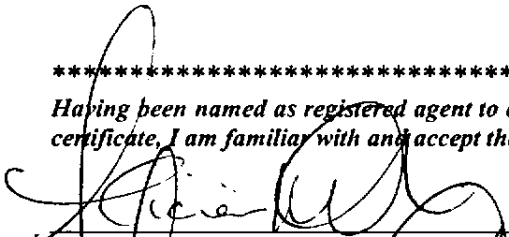
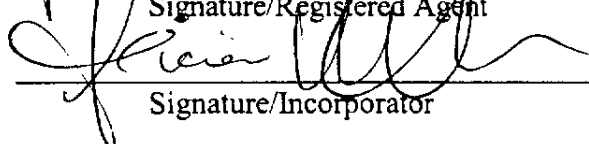
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Alicia Melvin  
P O Box 15015  
TLH FL 32317

Article 8  
Effective Date  
11/1/06

\*\*\*\*\*  
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  
  
\_\_\_\_\_  
Signature/Incorporator

12-6-05  
\_\_\_\_\_  
Date  
12-6-05  
\_\_\_\_\_  
Date