

PG9000021520

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

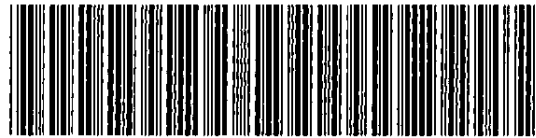
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Special Instructions to Filing Officer:

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09 MAR -9 PM 1:12  
02/11/09

*[Handwritten signature]*

**COVER LETTER**

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

SUBJECT: JNM Appliance Service & Repair  
(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: Geraldo maia  
Name (Printed or typed)

548 Swain Blvd.  
Address

Green Acres FL 33463  
City, State & Zip

561-506-8584  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2009

GERALDO MAIA  
548 SWAIN BLVD  
GREEN ACRES, FL 33463

SUBJECT: J N M APPLIANCE SERVICE & REPAIR  
Ref. Number: W09000006895

We have received your document for J N M APPLIANCE SERVICE & REPAIR and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

Please return the corrected 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) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 009A00005065

# 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:

J N M Appliance Service & Repair INC

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

548 Swain Blvd.  
Green Acres FL 33463

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Service & Maintenance of Appliances

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Geraldo Maia  
548 Swain Blvd.  
Green Acres FL 33463

## ARTICLE VI REGISTERED AGENT

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

Geraldo Maia  
548 Swain Blvd.  
Green Acres FL 33463

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Geraldo Maia  
548 Swain Blvd  
Green Acres FL 33463

\*\*\*\*\*

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

Date

Date

2-9-09

09 MAR -9 PM 1:12

FILED