

P10000094408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

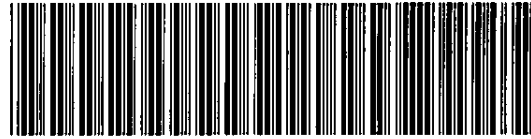
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers NOV 18 2010

W10-51055

COVER LETTER

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

SUBJECT: A.Y.A. ALL YEAR APPLIANCE 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: Mr. JOE DE LA PAZ
Name (Printed or typed)

1000 CALIPH ST
Address

OPA LOCKA FLORIDA. 33054
City, State & Zip

305-763-4417
Daytime Telephone number

jovis072898@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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 YA ALL YEAR APPLIANCE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1000 CALIPH ST
OPA LOCKA, FL 33054

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
SERVICES & REPAIR

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOE DE LA PAZ Name and Title: _____
Address: 1000 CALIPH ST Address: _____
OPA LOCKA, FL 33054
PRESIDENT & DIRECTOR

Name and Title: MARAY PALMERO Name and Title: _____
Address: 1000 CALIPH ST Address: _____
OPA LOCKA, FL 33054
VICE PRESIDENT & DIRECTOR

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MARAY PALMERO
Address: 1000 CALIPH ST
OPA LOCKA, FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOE DE LA PAZ
Address: 1000 CALIPH ST
OPA LOCKA, FL 33054

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

Maray
Required Signature/Registered Agent

10/14/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Joe De La Paz
Required Signature/Incorporator

10/14/10
Date

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TALLAHASSEE, FLORIDA