

P110000042468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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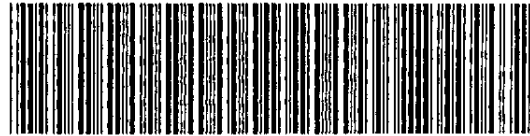
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -3 AM 10:05

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98

COVER LETTER

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

SUBJECT: STORMM APPLIANCE & A/C REPAIR CORP.
(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: **RAUL STORMM**
Name (Printed or typed)

31017 AVENUE I
Address

BIG PINE KEY, FL. 33043
City, State & Zip

305 797 6732
Daytime Telephone number

STORMMAPPLIANCE@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

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

STORMM APPLIANCE & A/C REPAIR CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

RAUL STORMM
31017 AVENUE I
BIG PINE KEY, FL. 33043

Mailing address, if different is:

RAUL STORMM
PO BOX 469
BIG PINE KEY, FL. 33043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS PURPOSE AUTHORIZED WITHIN THE STATE.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAUL STORMM (PSTD)

Address: 31017 AVENUE I
BIG PINE KEY, FL. 33043

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: RAUL STORMM
Address: 31017 AVENUE I
BIG PINE KEY, FL. 33043

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAUL STORMM
Address: 31017 AVENUE I
BIG PINE KEY, FL. 33043

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



Required Signature/Registered Agent

04/28/2011

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.



Required Signature/Incorporator

04/28/2011

Date

11 MAY - 3 AM 10: 04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
FILED