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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110001884703)))



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FLORIDA PROFIT/NON PROFIT CORPORATION ELIEZER APPLIANCES CORPORATION, INC

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J. Shivers JUL 26 2011

,850-617-6381



July 25, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ORQUID & SONS, CORP.

REF: W11000038856

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Although we take the name from article I of your document, the name need to be the same throughout the document. Correct the spelling of the corporation name on the cover sheet.

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Ruby Dunlap Regulatory Specialist II New Filing Section FAX Aud. #: H11000187417 Letter Number: 211A00017462

P.O BOX 6327 - Tallahassee, Florida 32314

01/54/5011 53:54 3026339696 EMPIRE CORP KIT PAGE 01/06

H110001884703

Florida Department of State

Attention: New Filings Section

Date: July 15, 2011

To whom it may concern:

This is to advise you that the owners of Eliezer Appliances Corporation Inc.

Of Doc# P06000139436

are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

ELIEZER ILLAS, PRESIDENT



H110001884703

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor		CES, CORP	
ARTICLE II	PRINCIPAL OFFICE Principal street address 80 W 55 ST NALEAH, FL 33012	Mailing add	bress, if different is:
8	HALEAH, FL 33012	HIALEAH, FL 33	012
ARTICLE III The purpose for will ANY AND AL	PURPOSE hich the corporation is organized is: L LAWFUL BUSINESS PURPOS	ES	
	•		
٠,			
ARTICLE IV			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
Name and Ti	tie:ELIEZER ILLAS, DPST	Name and Title:	
Address:	380 W 55 ST HIALEAH, FL 33012		
•	HIMLEAR, FL 33012		
:			<u> </u>
Name and Tit	tle:	Name and Title:	
Address:			
		-	
			
Name and Ti	tle:	Name and Title:	
Address:		Address:	
•			
			> 6 10
	AEGIG AEAEA AGENT	•	
	rida street address (P.O. Box NOT acceptable	e) of the registered agent is:	1 × ×
Name:	ELIEZER ILLAS	- -	
Address:	380 W 55 ST.	·	2 N
	HIALEAH, EL 33012		§ 5 07
ARTICLE VII	INCORPORATOR		
	lress of the Incorporator is:		
Name:	ÉLIEZER ILI AS		33 9 O
Address:	380 W 55 ST		စား မ
	HIALFAH, FL 33012		
Having been name	ed as registered agent to accept service of pr	ocess for the above stated corpor	ation at the place designated in
this certificate, I an	n familiar with and accept the appointment as	registered agent and agree to ac	in this capacity
			- 15 m 16 0 4 4
			7/20/2011
4	Required Signature/Registered Agent		Date
I submit this docu document to the De	ment and affirm that the facts stated herein partment of State constitutes a third degree f	are true. I am aware that the fi elony as provided for in s.817.155	alse information submitted in a , F.S.
	AFT?		7/20/2011
	Required Signature/Incorporator		Date
			-
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