

P11000084287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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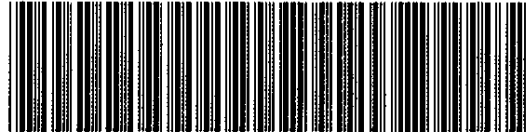
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
9/26

COVER LETTER

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

SUBJECT: APPLIANCE MASTER, 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: APPLIANCE MASTER, INC.
Name (Printed or typed)

9276 EAGLE NEST DRIVE
Address

NAVARRE, FL 32566
City, State & Zip

850-207-2374
Daytime Telephone number

byronaut@gmail.com
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

APPLIANCE MASTER, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
9276 EAGLE NEST DRIVE
NAVARRE, FL 32566

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **SHAWN M. BYRON/PRESIDENT**
Address: **9276 EAGLE NEST DRIVE**
NAVARRE, FL 32566

Name and Title: _____
Address: _____

Name and Title: **KENNETH E. ELLIOTT/VICE PRES.**
Address: **298 BULLOCK BLVD**
NICEVILLE, FL 32578

Name and Title: _____
Address: _____

Name and Title: **SUZANNE M. SKILLMAN/SEC-TREAS**
Address: **9276 EAGLE NEST DRIVE**
NAVARRE, FL 32566

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: **SHAWN M. BYRON**
Address: **9276 EAGLE NEST DRIVE**
NAVARRE, FL 32566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **SHAWN M. BYRON**
Address: **9276 EAGLE NEST DRIVE**
NAVARRE, FL 32566

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

Shawn M. Byron

Required Signature/Registered Agent

9/19/2011

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.

Shawn M. Byron

Required Signature/Incorporator

9/19/2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA