

**P12000040223**

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381**RECEIVED APR 30 2012**

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CONCENTRIC APPLIANCE REPAIR INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECTION OF STATE  
DIVISION OF CORPORATIONS  
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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: **CONCENTRIC APPLIANCE REPAIR INC.**

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: **236 OLIVE TREE CIRCLE**  
**GREEN ACRES, FL 33413**  
Mailing address, if different is: **SAME**

**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: **10**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <b>PRESIDENT</b>	Name and Title: _____
Address: <b>KEITH V. WESLEY</b>	Address: _____
<b>236 OLIVE TREE CIRCLE</b>	_____
<b>GREEN ACRES, FL 33413</b>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: **KEITH V. WESLEY**  
Address: **236 OLIVE TREE CIRCLE**  
**GREEN ACRES, FL 33413**

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: **KEITH V. WESLEY**  
Address: **236 OLIVE TREE CIRCLE**  
**GREEN ACRES, FL 33413**

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

**04-30-2012**  
\_\_\_\_\_  
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

**04-30-2012**  
\_\_\_\_\_  
Date

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DIVISION OF CORPORATE AFFAIRS  
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