

Division of Corporations Electronic Filing Cover Sheet

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(((#120001521193)))



Diviston of		
Division of		
Fax Number	Corporations : (850)617-6381	
Account Nur Phone	ber : 120000000019 : (305)552-5973	ERVICE, INC.
	Account Nam Account Num Phone Fax Number address for	Account Name : LAZARUS CORPORATE FILING S Account Number : I2000000019 Phone : (305)552-5973

FLORIDA PROFIT/NON PROFIT CORPORATION

LOYS

Certificate of Status 0 1

APPLIANCE INC.

Certified Copy Page Count 03 Estimated Charge \$78.75

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JUN -7 PH 3:39

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Loy's Appliance Inc.

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SEGRETARY OF STATE
FALLAHASSEE, FLORID,

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7000 NW 1775+ KIDG Miami, FL 33015

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Niurka Salvat 7000 NW 177 St KIDLO Mianu, FL 33015

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<u>ARTICLE V - INCORPORATOR</u>

The name and address of the incorporator to these Articles of Incorporation is:

Niurka Salvat 7000 NW 177 St KIOLO Miama, FL 33015

The undersigned incorporator has executed these Articles of Incorporation this day of

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Niurka Salvat Presider

<u>CATE OF DESIGNATION OF REGISTERED AGENT</u> /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this dertificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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