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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
h.					

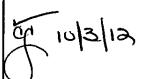


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W12000048059

Office Use Only



COVER LETTER

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

SUBJECT: K. J. APPLIANCES & HOME SERVICES, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Englaced are an original and one (1) convertible arti	alac of incorporation an	d a aback for		
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: Kenneth A. Jones, Jr. Name	(Printed or typed)			
5317 Fruitville Road, #17	'O Address		12	SI VIC
Sarasota, FL 34232	State & Zip		0CT -2	
(708) 431-9690 Daytime To	elephone number		P# -:	CONPOR
k2005al@comcast.net E-mail address: (to be used	•	notification)	: 47	ATTONS

NOTE: Please provide the original and one copy of the articles.



RECEIVED 12 OCT -2 AM 10: 29 SECHEMAN US STATE TALLAMASSEE EL STATE

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2012

KENNETH A. JONES, JR. 5317 FRUITVILLE ROAD #170 SARASOTA, FL 34232

SUBJECT: K. J. HOME SERVICES, INC.

Ref. Number: W12000048059

We have received your document for K. J. HOME SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 612A00023421

12 OCT -2 PH 1:1.7

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

ARTICLE I The name of the co	NAME reporation shall be: K. J. APPLIANCES &	HOME SERV	ICES, INC. SEGRETARY OF STATE DIVISION OF CORPORATION
ARTICLE II	PRINCIPAL OFFICE		12 0CT _2 DN 1.13
	Principal street address		Mailing address, if different is: 2 PM 1: 47
	317 Fruitville Road, #170		
S	arasota, FL 34232		
-			
ARTICLE III	PURPOSE		
The purpose for w	hich the corporation is organized is:		
	RS - REPÁIR APPLIANCES SUCH AS W		
	S, RANGES/OVENS, MICROWAVES, D		
	AND AIR CONDITIONING) SYSTEMS F		
	ARDEN EQUIPMENT SUCH AS LAWN N		
ENGINES SUC	CH AS MARINE AND GENERATORS; AN	ND PROVIDE H	JME WATCHING SERVICES.
ARTICLE IV	SHARES		
The number of shar	es of stock is: 1,000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	P.S.	
	Ile: KENNETH A. JONES, JR., Presider		:
Address:	5317 Fruitville Road, #170		
	Sarasota, FL 34232		
		<u> </u>	
No.	d	No	
Name and 11 Address:	tle:		<u> </u>
Address.		Address:	
		_	
)	_	
	ile:	Name and Title	<u>:</u>
Address:		Address:	

ARTICLE VI	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable) o	f the registered ages	nt is:
Name:	KENNETH A. JONES, JR.		
Address:	5317 Fruitville Road, #170	<u></u>	
	Sarasota, FL 34232	_	
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	KENNETH A. JONES, JR.	_	
Address:	5317 Fruitville Road, #170	_	
	Sarasota, FL 34232		
laving been name his certificate, I am	d as registered agent to accept service of proces familiar with and accept the appointment as reg	s for the above sta vistered agent and a	ted corporation at the place designated in agree to act in this capacity
Koment	AC-C		00/26/2042
Number	Required Signature/Registered Agent		09/26/2012
	Required Signature/Registered Agent		Date
submit this docum	nent and affirm that the facts stated herein are	true. I am aware	that the false information submitted in a
ocument to the De	partment of State constitutes a third degree felon	y as provided for in	ı s.817.155, F.S.
1/		- -	
Klune	the les 1/5		09/26/2012
	Required Signature/Incorporator		Date