

P13000054483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300249104133

06/24/13--01015--005 **87.50

13 JUN 24 AM 11:09
RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: AMERIGUY APPLIANCE CORP.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Michael Mangru
Name (Printed or typed)
3330 Spanish Moss Terrace, Apt. 304
Address
Lauderhill, Fl., 33319
City, State & Zip
954 733 3368 7542812328
Daytime Telephone number
mikemangru@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 24 AM 11:00

FILED

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

The name of the corporation shall be: AMERIGUY APPLIANCE Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3330 Spanish Moss Terrace
Apt. 304, Lauderhill,
Fl. 33319

Mailing address, if different is:

Same as principal office.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide employment for
one (1) person

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Mangru

Address 3330 Spanish Moss Ter.
Apt. 304, Lauderhill,
FL. 33319

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 26 AM 11:00

FILED

(conti.)

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: Michael Mangru
Address: 3330 Spanish Moss Terrace,
Apt. 304, Lauderdale, FL 33319

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael Mangru
Address: 3330 Spanish Moss Terrace
Apt. 304, Lauderdale, FL 33319

13 JUN 24 AM 11:00
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Michael Mangru 06/21/13
Required Signature/Registered Agent 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.

Michael Mangru 06/21/13
Required Signature/Incorporator Date