

P14 000000 9975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

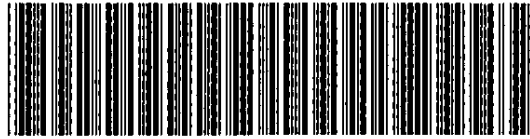
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB -3 PM 12:54

COVER LETTER

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

SUBJECT: South Florida Appliance #3 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: Raul P Novales

Name (Printed or typed)

6380 Milk Wagon Lane

Address

Miami Lakes, FL 33014

City, State & Zip

(305) 525-8028

Daytime Telephone number

novalespablo@yahoo.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

The name of the corporation shall be: South Florida Appliance #3 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

320A NE 183rd Street
Miami, FL 33179

1890 West 4th Ave
Hialeah, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sale of appliance parts and HVAC

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raul P Novales, President

Name and Title: _____

Address 6380 Milk Wagon Lane
Miami Lakes, FL 33014

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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: Raul P Novales
 Address: 6380 Milk Wagon Lane
Miami Lakes, FL 33014

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Raul P Novales
 Address: 6380 Milk Wagon Lane
Miami Lakes, FL 33014

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

01/02/2014

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

01/02/2014

Date