

P/4000039091

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/4-23132

05/05/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 MAY -2 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 22, 2014

MARK LEWANDOWSKI
7 DEERSKIN LANE
ORMOND BEACH, FL 32174

*** 2ND REJECTION ***

SUBJECT: COASTAL APPLIANCE SERVICE OF VOLUSIA COUNTY
Ref. Number: W14000023132

We have received your document for COASTAL APPLIANCE SERVICE OF VOLUSIA COUNTY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 314A00007827



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2014

MARK LEWANDOWSKI
7 DEERSKIN LANE
ORMOND BEACH, FL 32174

SUBJECT: COASTAL APPLIANCE SERVICE OF VOLUSIA COUNTY **Inc.**
Ref. Number: W14000023132

RECEIVED
14 APR 21 PM 3:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for COASTAL APPLIANCE SERVICE OF VOLUSIA COUNTY 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 314A00007827

COVER LETTER

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

SUBJECT: Coastal Appliance Service Of Volusia County 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Mark Lewandowski
Name (Printed or typed)

7 Deerskin Lane
Address

Ormond Beach
City, State & Zip

Florida 32174
Daytime Telephone number

386-453-7076
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: Coastal Appliance Service Of Volusia County Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7 Deerskin Lane

Ormond Beach,

Florida 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To offer in home appliance service and repairs to customers in Volusia County Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS.

Name and Title: Mark Lewandowski, PRESIDENT

Address 7 Deerskin Lane

Ormond Beach

Florida 32174

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: Joe Loguidice
Address: 1515 Ridgewood Ave.,
Holly Hill FL32117

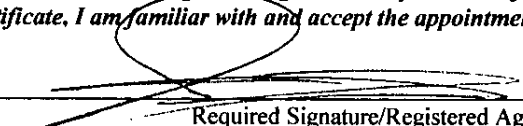
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Lewandowski
Address: 7 Deerskin Lane
Ormond Beach, FL 32174

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SECRETARY 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



Required Signature/Registered Agent

4/2/14

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

4/2/14

Date