

P14 000040023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

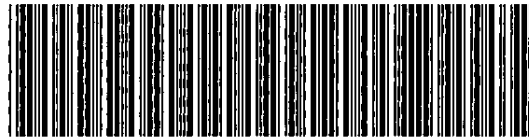
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY -2 PM 2:12

COVER LETTER

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

SUBJECT: A/V EXPERTS OF FLORIDA, 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: MELODEE A. STEPHENSON
Name (Printed or typed)

1616 MCKINLEY AVENUE

Address

LEHIGH ACRES, FLORIDA 33972
City, State & Zip

(239) 470-7398

Daytime Telephone number

CAPECORALCPA@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: A/V EXPERTS OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5485 LEE STREET UNIT 2

SAME

LEHIGH ACRES, FLORIDA 33971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INCOME PRODUCING.

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 MAY -2 PM 2:13

ARTICLE IV SHARES

The number of shares of stock is: 1000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(PRESIDENT)	(VICE-PRESIDENT)
Name and Title: <u>MELODEE A STEPHENSON</u>	Name and Title: <u>ROBERT A RADCLIFF</u>

Address <u>1616 MCKINLEY AVENUE</u>	Address: <u>508 LAKE AVENUE</u>
<u>LEHIGH ACRES, FLORIDA 33972</u>	<u>LEHIGH ACRES, FLORIDA 3397</u>

Name and Title: _____	Name and Title: _____
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Address _____	Address: _____
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Name and Title: _____	Name and Title: _____
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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:

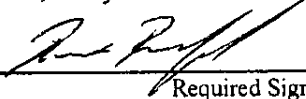
Name: ROBERT A RADCLIFF
Address: 508 LAKE AVENUE
LEHIGH ACRES, FLORIDA 33972

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

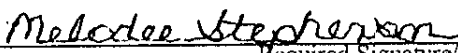
Name: MELODEE A STEPHENSON
Address: 1616 MCKINLEY AVENUE
LEHIGH ACRES, FLORIDA 33972

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

4/29/14
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

4/29/14
Date

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