

P14 000040023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

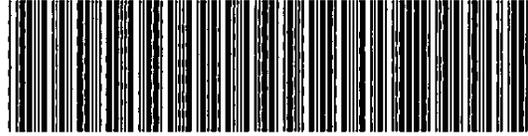
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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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**

Name and Title: MELODEE A STEPHENSON (PRESIDENT) Name and Title: ROBERT A RADCLIFF (VICE-PRESIDENT)

Address 1616 MCKINLEY AVENUE Address: 508 LAKE AVENUE

LEHIGH ACRES, FLORIDA 33972 LEHIGH ACRES, FLORIDA 3397

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(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

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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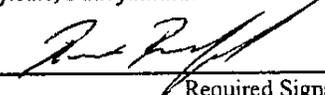
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MELODEE A STEPHENSON

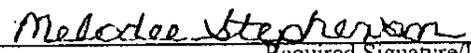
Address: 1616 MCKINLEY AVENUE  
LEHIGH ACRES, FLORIDA 33972

*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