DIUCOCOSYS

(Re	equestor's Name)	
(A d	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

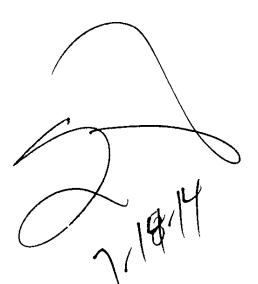
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COVER LETTER

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

SUBJECT: RAU	JDEL APPLIANC	ES CORP	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: R	AUDEL APPLIAI	NCES CORP	
16	65 E 7 ST APT #	3	
		Address	
H	IALEAH FL 3301	0	
	City,	State & Zip	

561-260-9042

RENE100775@YAHOO.COM

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

•	ARTICLES O In compliance with Chapter	F INCORPOR 607 and/or Chap	ATION oter 621, F.S. (Pr	ofit)
ARTICLE I NAM The name of the corporat	RAUDEL APP	PLIANCE	S CORP	address, if different is:
ARTICLE II PRII	NCIPAL OFFICE Principal street address			address, if different is:
RAUDEL TELI	_EZ		SAME	
165 E 7 ST AF	PT # 3			
HIALEAH FL	33010			
ARTICLE III PURI The purpose for which the FLORIDA	POSE ne corporation is organized is:	IY LEGAL	. BUSINES	S IN THE STATE OF
	TAL OFFICERS AND/OR DIRI			
Name and Title	165 E 7 ST APT # 3	 }	and Title:	
Address	HIALEAH FL 33010	Addre	ess:	
	PRECIDENT	*****************		
Name and Title:		Name	and Title:	
Address				
				
Name and Title:		Name	and Title:	
Address		Addre	ess:	

Name and	i Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo Name: Address:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) o RAUDEL TELLEZ 165 E 7 ST APT # 3	f the registered agent is:	
Address.	HIALEAH FL 33010	-	
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is:		
Name:	RAUDEL TELLEZ		
Address:	165 E 7 ST APT # 3 HIALEAH FL 33010	- -	
	ned as registered agent to accept service of process im familiar with and accept the appointment as rej		
-/-	and B	(7-14-2014
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
Ka	este		07-14-2014
	Required Signature/Incorporator		Date