## P14000082053

(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
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(DC	cument Number)			
Certified Copies	_ Certificates	of Status		
Supplied Instructions to	Filing Officer	<del></del>		
Special Instructions to	Filing Omcer:	1		
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Office Use Only



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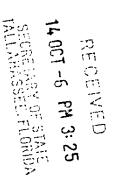
## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2014

PHILOME LAMADIEU 2609 DAD WELDON RD. DOVER, FL 33527

SUBJECT: THE APPLIANCE & AC SAVIOUR LLC

Ref. Number: W14000054744



We have received your document for THE APPLIANCE & AC SAVIOUR LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please PRINT or TYPE clearly upon the application. Some sections are ilegible.

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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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: 014A00019145

## **COVER LETTER**

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

SUBJECT: The Appliance and AC Saviour CO.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$70.00	<b>□</b> \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		1	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

FROM:	M: Philome Lamadieu			
	Name (Printed or typed)			
	2609 Dad Weldon Rd			
	Address			
	Dover nFI 33527			
	City, State & Zip			
	(813)644-1688			
	Daytime Telephone number			
	Phillamadieu@aol.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 II PRINCIPAL OFFICE Principal street address 2609 Dad Weldon rd			ailing address, if different is:
Oover FI 335	27	Dover f	FI 33527
	the corporation is organized is:  ac (window unit and central system)	n) .All repairs will	will diagnose and repair all maj
A-1	· · · · · · · · · · · · · · · · · · ·		17. G 2
ne number of shares o			DOT -6 M
RTTCLE V INI	TIAL OFFICERS AND/OR DIRECTOR		PILE
ne number of shares o	TIAL OFFICERS AND/OR DIRECTOR	S · Name and Title: Address:	DOT -6 AM II:
RTTCLE V INI  Name and Titl  Address	TIAL OFFICERS AND/OR DIRECTOR  e: Philome Lamadieu, MGR  2609 Dad Weldon Rd  Dover Fl 33527  Adan Nava ,AMBR	Name and Title: Address:	DOT -6 AM II:
RTTCLE V INI  Name and Titl  Address	TIAL OFFICERS AND/OR DIRECTOR e: Philome Lamadieu, MGR 2609 Dad Weldon Rd Dover Fl 33527  Adan Nava ,AMBR 513 Flame tree dr	Name and Title: Address:	PILED  OCT -6 AM II: 49  EAUCHEE, FLORIDA
Name and Title  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTOR  e: Philome Lamadieu, MGR  2609 Dad Weldon Rd  Dover Fl 33527  Adan Nava ,AMBR  513 Flame tree dr	Name and Title: Address:  Name and Title:  Address:	FILED  OCT -6 AM II: 49  EXECUTE FLORIDA

Name	and Title: Name and	f Title:
Addre	Address:	
		<del></del>
		<del></del>
<u>ARTICLE VI</u>	REGISTERED AGENT	
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable) of the registe	red agent is:
Name:	Philome Lamadieu	
Address:	2609 Dad Weldon Rd	
	Dover FI 33527	ESE F
<u>ARTICLE VI</u>	I INCORPORATOR	SEE - 6
The name and	address of the Incorporator is:	1-6 M
Name:	Philome Lamadieu	
Address:	2609 Dad Weldon rd	
	Dover FI 33527	
Having been n this certificate,	amed as registered agent to accept service of process for the ab I am familiar with and accept the appointment as registered age	ove stated corporation at the place designated in nt and agree to act in this capacity
His	rue Maria alian	09/23/2014
- I mu	Required Signature/Registered Agent	Date
I submit this d document to th	ocument and affirm that the facts stated herein are true. I am & Department of State constitutes a third degree felony as provid	aware that the false information submitted in a ed for in s.817.155, F.S.
Hilo	me Nama diess	09/23/2014
<del></del>	Required Signature/Incorporator	Date