P15000088207

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





500277117255

09/25/15--01022--012 **78.75

SECRETARY OF STATE
TALL AT COST IT TO CRIDA

Oct. 20, 3015

OCT 2 8 2015 T CANNON

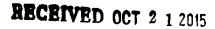
COVER LETTER

200

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

SUBJECT: As Goo	d As New Surplus, Inc.					
SCHOLCI.	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation an	d 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:	frey Vail Nam 22 Bayport Drive	e (Printed or typed)				
	**	Address				
Hol	iday, FL 34691					
	City, State & Zip					
72	7-560-5080					
	Daytime Telephone number					
aga	ns35@yahoo.com					
	E-mail address: (to be use	d for future annual report	notification)			

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2015

JEFFREY VAIL 3302 BAYPORT DRIVE HOLIDAY, FL 34691 US

SUBJECT: AS GOOD AS NEW SURPLUS, INC.

Ref. Number: W15000065307

We have received your document for AS GOOD AS NEW SURPLUS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return 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) 245-6050.

Letter Number: 115A00020754

Tina D Cannon Regulatory Specialist II

www.sunbiz.org

ARTICLES OF INCORPORATION SECRETARY OF STATE In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) HASSEL FLORIDA

ARTICLE I NAME	S As Good As New Surph ation shall be:	us, Inc.	15 OCT 21 AM 9:55
			10 001 ET HIT 5-00
3302 Bayport Drive	CIPAL OFFICE Principal street address	PO Box 2	Mailing address, if different is:
Holiday, FL 34691		Palm Har	bor, FL 34682-0284
ARTICLE III PURP The purpose for which	OSE Sales the corporation is organized is:	and services of new and	used surplus equipment and goods
	AL OFFICERS AND/OR DIRECTOR		Krista Vail, Vice President & Secretary
Name and Titl Address	e:PO Box 284	Name and Title: Address:	PO Box 284
	Palm Harbor, FL 34682-0284		Palm Harbor, FL 34682-0284
Name and Title	×	Name and Title	
Address		Address:	
Name and Title	×	Name and Title:	-
Address		Address:	
			

Name a	nd Title:	Name and Title:	
Addres	SS	Address:	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	hla) of the registered agent in	
Name:	Krista Vail	ore) of the registered agent is.	
Address:	3302 Bayport Drive	- Angelland angelland	
Addiess.	Holiday, FL 34691	4-10 internal intern	
<u>ARTICLE VII</u>	INCORPORATOR		SECRET
The name and a	address of the Incorporator is:		
Name:	Jeffrey Vail		
Address:	PO Box 284		9. SA
	Palm Harbor, FL 34682-0284		2 <u>0</u> 2
Effective date, i (If an effective days after the i	date is listed, the date must be specific and filing.)	cannot be more than five business days prior of cable statutory filing requirements, this date will	
		rocess for the above stated corporation at the pl as registered agent and agree to act in this capac	
Kriste	Required Signature/Registered Ager	<u> 10/15</u>)/15 Date
	, , ,	n are true. I am aware that the false information felony as provided for in s.817.155, F.S.	,
- / / / / / / / / / / / / / / / / / / /	fired Signature/Incorporator		Date