P/500/00360

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

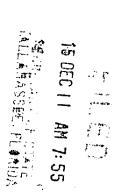
Office Use Only

W15-77361



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DEC 2 2 2015

S. GILBERT

COVER LETTER

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

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SUBJECT:	D & A Appliance Repair. I	nc.		
	(PROPOSED CORPORA	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the arti	cles 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	& Certificate of Status	
FROM:	Donavan '	Γollison		
	Name	(Printed or typed)		
	514 E O	ak St	•	
	A	ddress		
	Wauchul	la, Fl 33873		
	City,	State & Zip		
	863	3-245-8920		
	Daytime Te	elephone number	.	
	daappliance@vahoo.com			

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

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



RECEIVED

15 DEC 11 AM 9: 50

FLORIDA DEPARTMENT OF STATE Division of Corporations

7 DAIA SELA JAMBA

December 1, 2015

DONAVAN TOLLISON 514 E. OAK ST WAUCHULA, FL 33873

SUBJECT: D & A APPLIANCE REPAIR, INC.

Ref. Number: W15000077361

We have received your document for D & A APPLIANCE REPAIR, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 115A00025070

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•			INCORPORATION	C (D C)	
٠ , ٥ .	' In compliance	with Chapter 60	07 and/or Chapter 621, F	.S. (Protit)	
ARTICLE I NAME The name of the corporate		A Appliance F	Repair, Inc.		
				15 0	EG 11 AH 7: 55
ARTICLE II PRINC	<i>TPAL OFFICE</i> Principal <u>street</u> addre	SS	1	Mailing address; if	different is:
514 E Oak St				ALCO	PAGSEL, FLATINA
Wauchula, Fl			<u></u>		
33873					
ARTICLE III PURPO	he corporation is orga	nized is:	the premises as follows:		
	•		the premises as follows.	прривнее геран,	parts and service,
related products and ser	vices and any other la	wful purpóse.			
			•		

,					
ARTICLE IV SHARI	cc		•		
The number of shares of		shares of comn			•
ARTICLE V INITIA	L OFFICERS AND/O	OR DIRECTOR	<u>us</u>		
Name and Title	Donavan Tollison	President	Name and Title:	Angie Tollison	Secretary
Address	514 E Oak St	;		514 E Oak St	
	Wauchula, Fl		•	Wauchula, Fl	,
	33873			33873	<u></u> -
N. 1721			Name and Tide		•
Name and Title:			Name and Title:		
Address .			Address:		
					•
				 	
Name and Title:			Name and Title:		
Address			Address:		

Name and Tit	le:	Name and Title:	
Address		Address:	
	ISTERED AGENT	of the registered egent is:	
	a street address (P.O. Box NOT acceptable)	of the registered agent is.	
Name:	DONANA COLLISON	_	
Address:	514 E Oak St.		
<u>_,l</u>	Wanchula Fl. 33	873	
ARTICLE VII INC	<u>ORPORATOR</u>		
The <u>name and addres</u>	s of the Incorporator is:		
Name:	Donavan Tollison		
-	514 E Oak St	_	
Address:	Wauchula, Fl 33873		
	than the date of filing: s listed, the date must be specific and cann	. (OPTION ot be more than five bus	
	rted in this block does not meet the applicable ve date on the Department of State's records		ents, this date will not be listed as
	is registered agent to accept service of proces imiliar with and occept the appointment as re		
Manan	Mallus-		12.9.15
	Required Signature/Registered Agent		$\frac{\sqrt{2} - 9 \cdot \sqrt{5}}{\text{Date}}$
I submit this documer	nt and affirm that the facts stated herein are	e true. I am aware that ti	he false information submitted in a
	rtmenf of State constitutes a third degree felo		
Vilonam la A	Mission		11.050/5 Date
Required S	ignature/Incorporator		Date

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<u>,</u>