



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2019

OLGA M MELEINDEZ
120 RACHEL LIN LANE
SAINT CLOUD, FL 34771

SUBJECT: CC APPLIANCE SERVICES, INC.
Ref. Number: W19000029069

We have received your document for CC APPLIANCE SERVICES, 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 519A00005817

2019 APR -8 AM 10:56

19 APR - 8 AM 8:31
FBI MIAMI FLORIDA

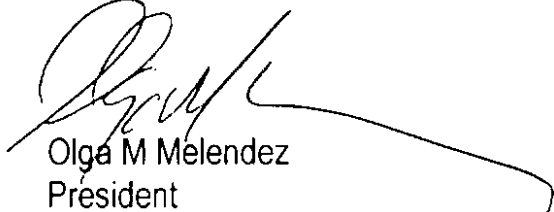
March 12, 2019

To who it may concern:

By this means I want to inform that that I have no interest in renewing the corporation of CC Appliance Services Inc., Document Number P09000080287 FEI/EIN Number 27-1023973.

If you have any question, please you can contact me @ 407-454-0663.

Thank you,


Olga M Melendez
President

COVER LETTER

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

SUBJECT: CC Appliance Services, 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: Dora H. Melendez
Name (Printed or typed)
120 Rachel Lin Ln
Address
Saint Cloud FL 34771
City, State & Zip
407 454 0663
Daytime Telephone number
drcharks@ccapplianceus.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: CC APPLIANCE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

120 RACHEL LIN LN

SAINT CLOUD, FL 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

PROVIDE TECHNICAL PROFESSIONAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLGA M. MELENDEZ / PRESIDENT

Name and Title: _____

Address 120 RACHEL LIN LN

Address: _____

SAINT CLOUD FL 34771

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

19 APR - 8 AM 8:32
FILED
CLERK OF DISTRICT COURT
ST. JOHNS COUNTY, FLORIDA

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: OLGA M. MELENDEZ _____

Address: 120 RACHEL LIN LN _____

SAINT CLOUD FL 34771 _____

FILED
19 APR -8 AM 8:32
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: OLGA M. MELENDEZ _____

Address: 120 RACHEL LIN LN _____

SAINT CLOUD FL 34771 _____

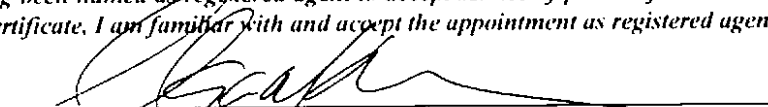
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

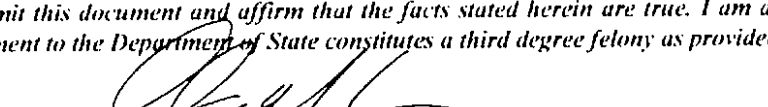
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4/2/19 _____
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

4/2/19 _____
Date