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TALLAHASSEE, FL 32301-2607
904-222-0711
FAX 904-222-0711

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LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 112606 81442A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 8, 1996

ORDER TIME : 10:42 AM

ORDER NO. : 112606

CUSTOMER NO: 81442A

CUSTOMER: Charles H. Ball, Esq
MCDANIEL & BALL, PA

1444 First Street

Sarasota, FL 34236

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-10/08/96--01097--003
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DOMESTIC FILING

NAME: Home
~~BEST~~ APPLIANCE REPAIRS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

FILED
96 OCT -8 PM 2:04
TALLAHASSEE, FLORIDA
RECEIVED
96 OCT -8 AM 11:59
DIVISION OF CORPORATION

W-21279
KR 10.8



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 8, 1996

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: BEST APPLIANCE REPAIRS, INC.
Ref. Number: W96000021279

RESUBMIT

Please give original
submission date as file date.

Have
We have received your document for BEST APPLIANCE REPAIRS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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 (904) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 196A00045878

ARTICLES OF INCORPORATION
OF
HOMER APPLIANCE REPAIRS, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be HOMER APPLIANCE REPAIRS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 3805 STARDUST PLACE, SARASOTA FLORIDA 34232.

ARTICLE III NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of this state.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock, each having the par value of \$1.00.

Authorized capital stock may be paid for in cash, services or property, at a just value to be fixed by the subscriber of this corporation at any regular or special meeting.

ARTICLE V. EXISTENCE

This corporation shall have perpetual existence until dissolved according to law.

ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent in:

PAUL W. LEWIS

3805 STANFORD PLACE

BARABOTA, FLORIDA 34237

ARTICLE VII INCORPORATION

The name and street address of the incorporator to these Articles of Incorporation is:

PAUL W. LEWIS

3805 STARDUST PLACE
SARASOTA, FLORIDA 34232

ARTICLE VIII DIRECTOR

There shall be one director of the corporation. The name and address of the director is:

PAUL W. LEWIS

3805 STARDUST PLACE
BARABOTA, FLORIDA 34212

ARTICLE IX SUBSCRIBER

The name and Address of each person signing these Articles of Incorporation as a subscriber is as follows:

PAUL W. LEWIS

3803 STARDUST PLACE
SARASOTA, FLORIDA 34232

2019 年 12 月 25 日 星期三

[illegible]

FROM THE DIRECTOR

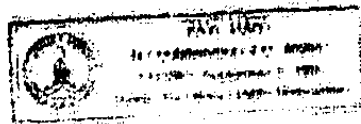
20140723 09:00:00

COMPANY OF BANKERS

100-443887-1000

[Signature]
Notary Public.

By _____, Special Agent



STATE OF FLORIDA, COUNTY OF DICKENS, BEING THE PLACE OF BUSINESS OF THE ABOVE STATE CORPORATION, BEING THE PLACE OF BUSINESS OF THE ABOVE STATE CORPORATION, BEING THE PLACE OF BUSINESS OF THE ABOVE STATE CORPORATION.

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SIGNATURE

PAUL W. LARUE

TITLE DIRECTOR & PRESIDENT

DATE

HAVING BEEN DULY ADVISED OF THE RIGHTS OF THE ABOVE STATE CORPORATION, AND THE PLACE OF BUSINESS OF THE ABOVE STATE CORPORATION, I HEREBY AGREE TO SIGN THIS CERTIFICATE, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL LAWS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

PAUL W. LARUE

DATE