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TRANSMITTAL LETTER

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

400002269484--4
-08/18/97--01053--025
*****78.75 *****78.75

SUBJECT: _____

Proposed Corporate Name

KEITH, INC.

Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date. ^{\$78.75} CERTIFICATE OF STATUS.

FROM:

DEBRA L. RALSTON

Name (print or type)

2619 ALBION DR

Address

HOLLOAY FL. 34691

City, State, Zip

813-938-1165

Area Code and Phone Number (Daytime)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP -8 PM 3:57

9-29-1997

9-29-97
WS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 19, 1997

DEBRA L. RALSTON
2619 ALBION DR.
HOLIDAY, FL 34691

SUBJECT: KEITH INC.
Ref. Number: W97000019205

We have received your document for KEITH 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 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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the 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) 487-6995.

Wanda Sampson
Document Specialist

Letter Number: 497A00042044

ARTICLES OF INCORPORATION OF

KEITH, INC. KEITH APPLIANCE DOCTOR, INC
(Name of Corporation)

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

ARTICLE 1: NAME

The name of the corporation shall be: KEITH, INC. APPLIANCE DOCTOR, INC

ARTICLE 2: PRINCIPAL PLACE OF BUSINESS

The principal place of business of this corporation shall be (give street address and zip code): 2619 ALBION DR. HOLIDAY FL 34691

ARTICLE 3: SHARES

All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1000

ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The name of the initial registered agent is DEBRA L. RALSTON

whose registered office is located at the place of business stated in Article 2 above.

ARTICLE 5: INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are: T. KEITH TAYLOR 2619 ALBION DR HOLIDAY FL 34691
DEBRA L RALSTON 2619 ALBION DR HOLIDAY FL 34691

The undersigned incorporators have executed these Articles of Incorporation this
14th Day of AUGUST, 1997.

Debra L. Ralston
Signature

Signature

T. Keith Taylor
Signature

Signature

Articles of Incorporation
Filing Fee — \$35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP -8 PM 3:57

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, the undersigned Corporation organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation/professional association is: KEITH, INC.
KEITH APPLIANCE DOCTOR, INC.

2. The name and address of the registered agent and office is:

DEBRA L. RALSTON

Full name

2619 ALBION DR.

Address (P.O. Box not acceptable)

HOLIDAY FL. 34691

City, State, and Zip

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Debra L. Ralston
SIGNATURE OF REGISTERED AGENT

Aug. 14, 1997
DATE

Designation of Registered Agent
Filing Fee — \$35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP -8 PM 3:57