P98450067833

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

200002502742--3 -07/30/98--01057--024 *****78.75 *****78.75

SUBJECT:	ALL FLORIDA APPI			
	(Propo	osed corporat	e name - must include suf	fix)
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :				
☐ \$70.0 Filing Fe		e	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
			ADDITIONAL CO	PY REQUIRED
FROM: SHERIF IBRAHIM Name (Printed or typed)				
	3044 GATES		T 449	

TAMPA, FL

(813)632-8889

DIVISION OF CORPORATIONS
98 JUL 30 AM 10: 38

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

33613 - 3967 City, State & Zip

Daytime Telephone number

812

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

ALL FLORIDA APPLIANCE & A/C SERVICE, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

3044 GATES DR. UNIT 449 TAMPA, FL 33613-3967

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 SHARES NO PAR VALUE

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SHERIF IERAHIM 3044 GATES DR. **UNIT 449** TAMPA, FL 33613-3967

ARTICLE V INCORPORATOR

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

SHERIF IBRAHIM 3044 GATES DR. UNIT 449 TAMPA, FL 33613-3967

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent