# P98000082171

DATE 9-18-98

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

000002644130--3 -09/21/98--01012--015 \*\*\*\*\*122.50 \*\*\*\*\*122.50

Re: Appliance Repair Service of Central Florida, Inc. (Nume of Corporation)

#### Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

APPLIANCE REPAIR Service UF CENTRA FloridA, INC.
(Name of Corporation)

[	MAILING ADDRESS OF CORPORATION —
	2411 Boswell Street
	DeltonA, FL 32738
	PHONE -
	(407) 322 - 7560 Area Code Number Ext.
	TA -0/22/18
	117 90001.0

Seminole Form 215: Trans. Letter (0195)

#### ARTICLES OF INCORPORATION

of

APPLIANCE REPAIR	Service OF CENTRAL	Florida, INC.				
(name of corporation)						

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

### ARTICLE I - CORPORATE NAME The name of the corporation is: APPLIANCE REPAIR SErvice OF CENTRAL FLORIDA, INC ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue \_\_\_\_\_\_\_ shares of common stock, par value \$ \_\_\_\_\_\_ per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS 2411 BOSWELL STreet FLORIDA DeLTONA **CITY** Mailing address, if different STREET ADDRESS ZIP **FLORIDA** CITY ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME m. Lopez BOSWELL STreet **ADDRESS FLORIDA** CITY

NAME	Angel.	m. 10%	2ez		100		_+ . —
ADDRESS			street				
CITY	Delton	H		STATE	FL		738
NAME							<del></del>
ADDRESS	-						
CITY				STATE	- · · · · · · · · · · · · · · · · · · ·	ZIP	-
NAME					-		
ADDRESS	-						*
CITY				STATE	•	ZIP	•
ADDRESS			. street				
NAME	Angel	m. Lo	pez	<u>.</u>			
<u> </u>							· · · · · · · · · · · · · · · · · · ·
CITY	DELTO?	nH		SIAIE	H_	ZIP 32	138
NAME		<del>,</del>			<u> </u>	· <del></del>	· · · · · · · · · · · · · · · · · · ·
ADDRESS	<u> </u>		· · ·	STATE	<u> </u>	ZIP	
CITY	<del></del>			<u> </u>			
NAME ADDRESS	·		<del>1</del> 1-			· · · · · · · · · · · · · · · · · · ·	
ADDRESS	<del></del>			STATE	<del> </del>	ZIP	<del></del>
CITY						18 Th	
CITY				cies of Inco	moration inic	10	
he undersig	gned incorpor Septems		ecuted these Arm		iporation tims.		<del></del> .

(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



# APPLIANCE REPAIR Service OF CENTRAL FLOYISA, INC. (name of corporation)

Pursuant	to Florida Statutes Section	s 48.091 and 607.05	01, the follow	ing is s	submitted:	
The abov	e corporation, organized up	nder the laws of the	State of Flori	da with	its registered off	ice
as indicat	ted in the Articles of Incom	ooration				
at	2411 BOSWELL	street		· .	<del>-</del>	
	DELTONA, FL	32738		<u>.</u>		
has name	d Angel m.	LOPEZ				
located a	t the aforesaid address, as i	its registered agent to	accept servi	ce of p	rocess within this	;
state.						

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.

Ingel M Lopey 9/18/98 (Date)