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(Requestor's Name)

(Address)

(Address)

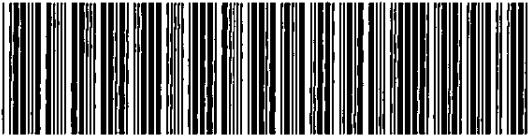
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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08 NOV -4, PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:
Kiemy Jones
~~AUTHORIZATION BY PHONE TO~~
CORRECT *Article IV*
DATE *11/4/08*
DOC. FEES *MRD*

MRS 11/4

Office Use Only

COVER LETTER

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

SUBJECT: Appliances Repair International 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kiomy Torres
Name (Printed or typed)

2569 Flowering Dogwood Drive
Address

Orlando Florida 32828
City, State & Zip

407-512-4096
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Appliances Repair International Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2569 Flowering Dogwood Drive
Orlando Florida 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Repair Appliances

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Kiomy Torres
2569 Flowering Dogwood Drive
Orlando Fl 32828

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Kiomy Torres
2569 Flowering Dogwood Drive
Orlando Fl 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kiomy Torres
2569 Flowering Dogwood Drive
Orlando Fl. 32828

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

Kiomy Torres
Signature/Registered Agent

10-31-08
Date

Kiomy Torres
Signature/Incorporator

10-31-08
Date