

P 22000075190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

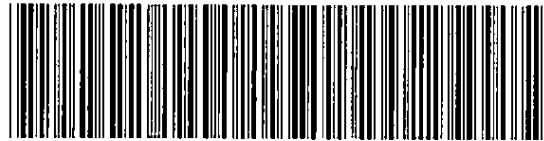
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Certified Copies \_\_\_\_\_

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Office Use Only



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S. CHATHAM

SEP 30 2022

PAID

2022 SEP 29 PM 2:05

22 SEP 29 PM 3:11

**COVER LETTER**

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

**SUBJECT:** Repair Hello Broward 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Jesse Miquilena  
Name (Printed or typed)  
229 NW 8th Ave Apt# 103  
Address  
Hallandale FL 33009  
City, State & Zip  
786-343-5000  
Daytime Telephone number  
jesse@repairhellousa.com  
E-mail address: (to be used for future annual report notification)

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

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**155 Office Plaza Dr Ste A Tallahassee FL 32301**  
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 09/29/22**

**NAME: REPAIR HELLO BROWARD INC.**

**TYPE OF FILING: ARTICLES**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**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: Repair Hello Broward Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

229 NW 8th Ave Apt 103 Hallandale FL 33009

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: S Corp for profit

electronic repairs

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jesse Miqilena/President Name and Title: \_\_\_\_\_

Address 229 NW 8th Ave Address: \_\_\_\_\_  
Apt #103 \_\_\_\_\_  
Hallandale FL 33009 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATE AFFAIRS  
SEP 29 11 31 AM '14

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Jesse Miquilena

Address: 229 NW 8th Ave Apt #103

Hallandale FL 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jesse Miquilena

Address: 229 NW 8th Ave apt#103

hallandale FL 33009

FILED  
DEPARTMENT OF STATE  
CORPORATIONS  
2022 SEP 29 PM 3:4

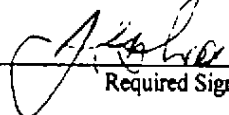
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/22/22 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

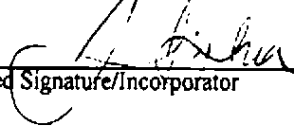
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

09/27/22  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

09/27/22  
Date