TRANSMITTAL LETTER

Polooo51288

FILED

01 MAY 16 PM 1: 17

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

OJO SECRE LOOO 422 GA BALANTE STATE -05/15/01-01081 ANTE, FLORID *****78.75 *****78.75

SUBJECT: A	PLUS BIG SCREEN			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed is an origina	ol and ana(1) some of the auticle		a strate	
Enclosed is all oliging	al and one(1) copy of the article	es of incorporation and a	cneck for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: HECTOR AND INO SR. Name (Printed or typed)				
		BW B PL.	PA.	
	N.LAUDERDALE, FL. 33068. City, State & Zip			
Daytime Telephone number				

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

CB 5-23

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
1 .	FILED
ARTICLE I NAME The name of the corporation shall be:	e e e e e e e e e e e e e e e e e e e
	01 MAY 16 PM 1: 17
	SECRETARY OF STATE ALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	ALLAHASSEL, FLORIDA
The principal place of business/mailing address is:	
6565 SW 8 PLACE. NORTH LAUDERDALE, FL. 33068	•
A DOLOT E LU DI IDDOSE	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
SERVICE, REPAIR, INSTALL. PROJECTION & DIRECT VIEW	LAPGE SCREEN TV
ON CUSTOMERS PREMISES.	•
ARTICLE IV SHARES	- · ·
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)	
The name(s) and address(es):	
HECTOR ANDINO SR.	·
6565 SW B PL. N. LAUDERDALE FL. 33068.	
DEGLEGEDED ACENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
NANCY ANDINO	
6565 SW BPL. N. HOLDERDDIE, FL 33068	-
	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
HECTOR ANDINO SR.	
6565 SN & PL. N LAUDERDALZ FL. 33068	
********************	********
Having been named as registered agent to accept service of process for the above stated corporate	ation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in	i inis capacay

Signature/Registered/Agent NANCY ANDINO

Signature/Incorporator / ECTOR ANDINO

Date

PLESIDENT

5-13-0/

Date

Date