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RECEIVED FILED  
04 JAN -6 PM 1:24 04 JAN 13 AM 7:31  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS & LIAISON  
TALLAHASSEE, FLORIDA

1/6/04  
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OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. A.S. REPAIRS & SERVICES CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
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REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Registerer's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 9, 2004

LAZARUS

SUBJECT: A.S. REPAIRS & SERVICES CORP.  
Ref. Number: W04000001266

We have received your document for A.S. REPAIRS & SERVICES CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Stacy Prather  
Document Specialist Supervisor  
New Filings Section

Letter Number: 804A00001707

ARTICLES OF INCORPORATION  
OF

*A.S. OFFICE REPAIRS CORP.*

FILED  
04 JAN 13 AM 7:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation shall be:

*A.S. OFFICE REPAIRS CORP.*

**ARTICLE II: PRINCIPAL OFFICE**

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

4348 SW 9<sup>th</sup> TERR MIAMI FL. 33134

**ARTICLE III: CAPITAL STOCK**

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

100 SHARES OF \$5.00 EACH (\$500.00)

**ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS**

The name and address of the initial registered agent is:

ADONIS SARDINAS 4348 SW 9<sup>th</sup> TERR MIAMI FL. 33134

**ARTICLE V: INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator (s) to these Articles of Incorporation is (are):

ADONIS SARDINAS 4348 SW 9<sup>th</sup> TERR MIAMI FL. 33134

**ARTICLE VI: DIRECTOR(S)**

The name(s) of the director (s) in this corporation is (are):

ADONIS SARDINAS - PRESIDENT-D  
4348 SW 9<sup>th</sup> TERR  
MIAMI FL. 33134

The undersigned has (have) executed these Articles of Incorporation  
this 2 Days of Dec 2003.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

*A.S. OFFICE REPAIRS CORP.*

2. The name and address of the registered agents and office is:

ADONIS SARDINAS  
4348 SW 9<sup>th</sup> TERR  
MIAMI FL. 33134

SIGNED: *[Signature]*  
(Corporate Officer)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: *[Signature]*

DATE: \_\_\_\_\_

REGISTERED AGENT FILING FEE: \$20.00

FILED  
04 JAN 13 AM 7:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA