

**P04000034660**

Florida Department of State  
Division of Corporations  
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From: Account Name : ALEJANDRO NUNEZ, P.A.  
Account Number : I19990000137  
Phone : (305) 774-6222  
Fax Number : (305) 774-9009

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**HOME REPAIR DEPO**

Certificate of Status	0
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FROM : ALEJANDRO NUNEZ, PA

FAX NO. : 385-774-9009

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Right FAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 20, 2004

ALEJANDRO NUNEZ, P.A.

SUBJECT: HOME REPAIR DEPO  
REF: W04000006941

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP, COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

FAX Aud. #: H04000034558  
Letter Number: 804A00011117

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32374

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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:

Home Repair Depo, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7420 SW 142nd Ave  
Miami FL 33183**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful Business

**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):

Susan Sardinias  
7420 SW 142nd Ave  
Miami FL 33183**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Alejandro Nunez P.A.  
250 Giralda Ave  
Coral Gables FL 33134**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Deborah Brodosky  
250 Giralda Ave  
Coral Gables FL 33134

\*\*\*\*\*

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

Signature/Registered Agent

2/18/04

Date

Signature/Incorporator

2/18/04

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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