

P04000049555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

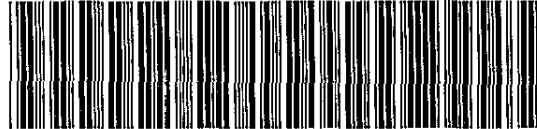
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 15 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/19

TRANSMITTAL LETTER

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

SUBJECT: MRO Suppliers, 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Billie Tamove, Attorney

Name (Printed or typed)

PO Box 23536

Address

Fort Lauderdale, FL 33307

City, State & Zip

954-229-1984

Daytime Telephone number

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

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:

MRO Suppliers, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6278 North Federal Highway, PMB 222, Fort Lauderdale, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

all lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Richard L. Tamove
2901 NE 51st Street, Suite 8
Fort Lauderdale, FL 33308

ARTICLE VI REGISTERED AGENT

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

Billie Tamove
2142 NE 58th Street
Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

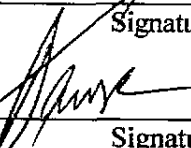
Richard L. Tamove
2901 NE 51st Street, Suite 8
Fort Lauderdale, FL 33308

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 famillar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3/2/04
Date



Signature/Incorporator

3/2/04
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA