

P04000051370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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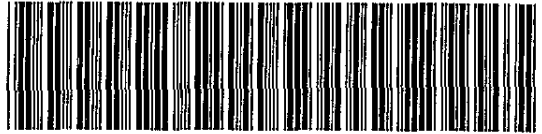
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001

✓

04/13

TRANSMITTAL LETTER

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

SUBJECT: DO ALL Repairs, 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: Manuel F. Isla
Name (Printed or typed)

8408 E. COLONIAL DR.
Address

ORLANDO, FL. 32817
City, State & Zip

407-275-2166
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:

Do ALL Repairs, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8408 E. COLONIAL DR.

ORLANDO, FL. 32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate a "for profit" Business in Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SEAN P. JORDAN, 4519 Appleby Ct. ORLANDO, FL. 32817

Scott Larson, 4511 Appleby Ct. ORLANDO, FL. 32817

MANUEL F. ISLA, 8408 E. COLONIAL DR. ORLANDO, FL. 32817

ARTICLE VI REGISTERED AGENT

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

MANUEL F. ISLA

8408 E. COLONIAL DR.

ORLANDO, FL 32817

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MANUEL F. ISLA

8408 E. COLONIAL DR.

ORLANDO, FL 32817

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.

MANUEL F. ISLA
Signature/Registered Agent

3-15-04
Date

MANUEL F. ISLA
Signature/Incorporator

3-15-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA