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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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TRANSMITTAL LETTER

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

SUBJECT: Gus Home Repair, Inc.					
	(PROPOSED CORPORA)	te name – <u>must incl</u> i	JDE SUFFIX)		
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for :		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	**23 \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM: Gustavo Garcia Name (Printed or typed)					
519 SW 11 Ave. Apt. 5 Address					
Miami, FL 33130 City, State & Zip					
(305) 324-5156 Daytime Telephone number					

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

ARTICLES OF INCORPORATION

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OF

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Gus Home Repair, Inc.

SECTION OF STATE TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of the corporation is Gus Home Repair, Inc.

ARTICLE II - PRINCIPAL OFFICE, REGISTERED OFFICE AND AGENT

The principal office of this corporation is at 519 S.W. 11 Ave, Apt. 5 Miami, Fl. 33130, and the name of the registered agent of this corporation at that address is Gustavo Garcia.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any lawful business.

ARTICLE IV - SHARES

This corporation is authorized to issue 100 shares of one Dollar (\$1.00) par value common shock.

ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time, in accordance with the by- law of the corporation, but shall never be less than one (1). The name and address of the initial director of the corporation is:

NAME

ADDRESS

519 S.W. 11 Ave. Apt. 5 Miami, FL 33130

ARTICLE VI – INCORPORATOR

The name and address of the persons signing these Articles of Incorporation is:

Gustavo Garcia 519 SW 11 Ave Miami, Fl 33130

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

Date

Signature Incorporator

Date