

PO5000123899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

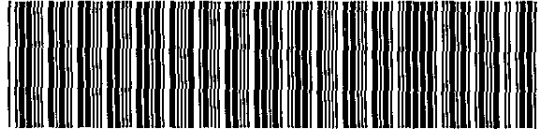
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/08/05--01013--007 **157.50

FILED

05 SEP -8 AM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 SEP -8 AM 10:14

DIVISION OF CORPORATION

T. Burch SEP 12 2005

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. Sanpa Repairs And Maintenance Corporation
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<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
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:

SANPA REPAIRS AND MAINTENANCE CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

625 SW 9TH STREET # 6
MIAMI FL 33130
(305) 856-0640

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CONDUCTING OF BUSINESS OF REPAIRS AND MAINTENANCE
RESIDENCIAL AND COMERCIAL. AND ANY OTHER BUSINESS RELATED TO CONSTRUCTION
AND ALSO ADMITED UNDER THE LAWS OF THE UNITED STATES OF AMERICA.

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):

SANDRO BOROR (PRESIDENT)
625 SW 9TH STREET #6
MIAMI FL 33130

PAULINA COJON (VP)
625 SW 9TH STREET #6 - Miami FL 33130

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SANDRO BOROR
625 SW 9TH STREET #6
MIAMI FL 33130


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SANDRO BOROR
625 SW 9TH STREET #6
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

Sandro Boror
Signature/Registered Agent

NOTARY PUBLIC-STATE OF FLORIDA
 Maria A. Farkas
Commission #DD386416
Expires: FEB. 12, 2009
Bonded Thru Atlantic Bonding Co., Inc.

08/30/05
Date

Sandro Boror
Signature/Incorporator

08/30/05
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA