Polosos 25210

(Requestor's N	ame)		
(Address)			
(Address)			
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PICK-UP WA	T MAIL		
(Business Entity Name)			
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TRANSMITTAL LETTER

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

SUBJECT:	lew TORK Appliance	Kepair Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:	
□ \$70.00	□ \$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
J	& Certificate of Status	& Certified Copy	Certified Copy	
	:		& Certificate of	
	:		Status	
		ADDITIONAL CC	PPY REQUIRED	
	· · · · · · · · · · · · · · · · · · ·			
FROM: Alam Roserthal CPA Name (Printed or typed)				
Name (rimed of typed)				
3300 University DR. Ste 305				
Address				
Caral Springs, FL 33065				
•	City,	State & Zip		
	a	•		
	954 752-4013			
	Daytime 16	lephone number		

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

ARTICLES OF INCO	RPORATION
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

New York Appliance Repair Inc.

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TALLAHASSEE, FLORIE.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

896 N. Federal Highway Ste 291 Pompano Beach, FL 33062

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/DIRECTORS (optional)

The name(s), address(es) and title(s):

Nicholas Guadagni - President 302 SE 1414 St.

Decafield Beach, FL 33441

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

Nicholas Guadagni

896 North Federal Highway #291

Pompano Beach, FL 33062

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Michalas Guadagni

896 North Federal Highway #291

Pompano Beach, FL 33062

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 affect the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

2 donast

Signature/Incorporator,

Date