

P07000134152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

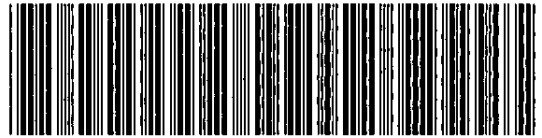
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Certified Copies _____

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11/02/07--01052--001 **78.75

FILED
07 DEC 21 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
12/21

[Handwritten text]
W107 00054755

COVER LETTER

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

SUBJECT: MIAMI AC REPAIR 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JIMMY HERNANDEZ

Name (Printed or typed)

5011 SW 102 CT

Address

MIAMI, FL 33165

City, State & Zip

786 234-4044

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

07 DEC 20 AM 8:00

DIVISION OF CORPORATIONS

December 11, 2007

JIMMY HERNANDEZ
4055 SW 108 AVE.
MIAMI, FL 33165

SUBJECT: MIAMI AC REPAIR INC
Ref. Number: W07000060032

We have received your document for MIAMI AC REPAIR INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date may be added to the Articles of Incorporation if a 2008 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 207A00069528

ARTICLE I NAME
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MIAMI AC REPAIR INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4055 SW 108 AVE

MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AIR CONDITIONING AND APPLIANCES SERVICES AND REPAIR

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):

PRESIDENT: JIMMY HERNANDEZ

4055 SW 108 AVE

MIAMI, FL 33165

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC 21 PM 4:01

FILED

ARTICLE VI REGISTERED AGENT

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

JIMMY HERNANDEZ
4055 SW 108 AVE
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

JIMMY HERNANDEZ
4055 SW 108 AVE
MIAMI, FL 33165

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

Jimmy Hernandez
Signature/Registered Agent

11/26/07

Date

Jimmy Hernandez
Signature/Incorporator

11/26/07

Date

FILED
07 DEC 21 PM 4:01
CLERK OF STATE
TALLAHASSEE, FLORIDA