

P080000006131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

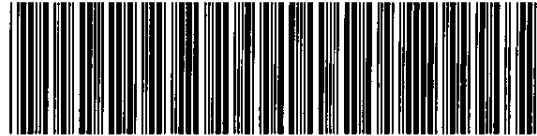
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 JAN 16 P 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D VOTE JAN 17 2008

**COVER LETTER**

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

**SUBJECT: JUARBE HOME 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  
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: HERBERT JUARBE**

Name (Printed or typed)

**2763 SHAWNE RD**

Address

**WEST PALM BEACH, FL 33467**

City, State & Zip

**561-718-7565**

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:

**JUARBE HOME REPAIR INC.**

## **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

2763 SHAWNE RD  
WEST PALM BEACH, FL 33467

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:  
HOME REPAIRS

## **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):

HERBERT JUARBE              PRESIDENT  
2763 SHAWNE RD  
WEST PALM BEACH, FL 33467

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

HERBERT JUARBE  
2763 SHAWNE RD  
WEST PALM BEACH, FL 33467

**ARTICLE VII INCORPORATOR**

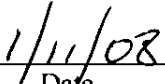
The **name and address** of the Incorporator is:

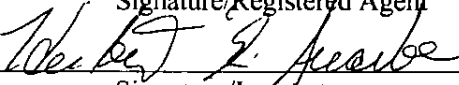
HERBERT JUARBE  
2763 SHAWNE RD  
WEST PALM BEACH, FL 33467

\*\*\*\*\*

*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

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