

P09000055258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

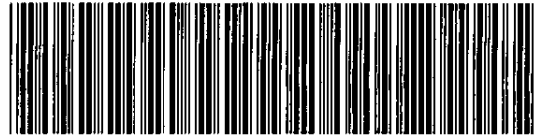
(Business Entity Name)

(Document Number)

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

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JUN 26 2009  
D.A. WHITE

2009 JUN 24 A 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

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

**SUBJECT:** TECHNICIAN DETAIL CORP  
(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:** AURELIO BRITO  
Name (Printed or typed)

6641 NW 179 TERR  
Address

MIAMI FL 33015  
City, State & Zip

786-2826500  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**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: **TECHNICIAN DETAIL CORP**

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**ARTICLE II    PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

6641 NW 179 TERR  
MIAMI FL 33015

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

APPLIANCES SERVICES,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):

AURELIO BRITO - PRESIDENT  
6641 NW 179 TERR  
MIAMI FL 33015

**ARTICLE VI    REGISTERED AGENT**

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

AURELIO BRITO  
6641 NW 179 TERR  
MIAMI FL 33015

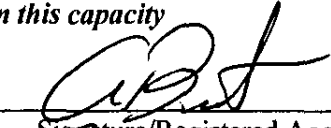
**ARTICLE VII    INCORPORATOR**


The name and address of the Incorporator is:

6641 NW 179 TERR  
MIAMI FL 33015

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*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

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date