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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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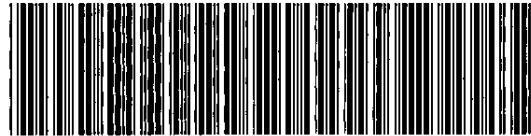
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT: THE COMPUTER REPAIR GUY 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: SAMUEL P. WILSON

Name (Printed or typed)

1538 SE ROYAL GREEN CIRCLE APT. H203

Address

PORT SAINT LUCIE FL, 34952

City, State & Zip

(772) 408-6944

Daytime Telephone number

SWILSON42@LIVE.COM

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: **THE COMPUTER REPAIR GUY INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1538 SE Royal Green Cir. Apt  
H203  
Port Saint Lucie FL, 34952

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To fix, build, install and repair computers

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Samuel Wilson (President)  
Address: 1538 SE Royal Green Cir. Apt H203  
Port Saint Lucie FL, 34952

Name and Title: Samuel Wilson (Treasurer)  
Address: 1538 SE Royal Green Cir. Apt  
H203  
Port Saint Lucie FL, 34952

Name and Title: Samuel Wilson (Secretary)  
Address: 1538 SE Royal Green Cir. Apt. H203  
Port Saint Lucie FL, 34952

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

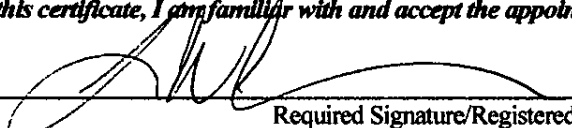
Name: Samuel Wilson  
Address: 1538 SE Royal Green Cir. Apt H203  
Port Saint Lucie FL, 34952

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Samuel Wilson  
Address: 1538 SE Royal Green Cir. Apt H203  
Port Saint Lucie FL, 34952


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

  
Required Signature/Registered Agent

10/22/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1 SS, F.S.

  
Required Signature/Incorporator

10/22/2010

Date

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