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(Address)		
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(Business Entity Name)		
, ,		
(Document Number)		
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Anna ulualia

COVER LETTER

Department of State

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

DODONCI.	TRONICS REPAIR
(PROPOSED CORPOR) Enclosed are an original and one (1) copy of the ar	ATE NAME – MUST INCLUDE SUFFIX) ticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate o Status ADDITIONAL COPY REQUIRED
FROM: SANDRA C SANMIGUE Nam	
6861 SW 147TH AVE #	4B Address
MIAMI, FL 33193	, State & Zip
305-592-0554 Daytime	Telephone number
SANMIGUELSANDRA © E-mail address: (to be use	YAHOO.COM ed for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 NOV 18 ON 12: 18

SECRETAIN STATE
TALLAHASSEE FLORIDA

November 4, 2010

SANDRA C SANMIGUEL 6861 SW 147TH AVE #4B MIAMI, FL 33193

SUBJECT: ABC TV & ELECTRONICS REPAIR

Ref. Number: W10000051784

We have received your document for ABC TV & ELECTRONICS REPAIR and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of 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) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 210A00026025

www.sunbiz.org

The state of the s

ARTICLES OF INCORPORATION

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

The name of the corpo	oration shall be:	ONICS REPAIR CORPORAT		
ARTICLE II P	RINCIPAL OFFICE	Naultin address	Mailing address, if different is:	
686	Principal <u>street</u> address 51 SW 147 AVE # 4B	6861 SW 147 AVE		
	AMI, FL 33193	MIAMI, FL 33193		
IVIIZ	NVII, I.E.OUTOV		CO COTT	
			NOV NOV	
ARTICLE III PU			- 57	
ANY AND ALL	th the corporation is organized is:		8 27 €	
VIAL VIAD VEC	LAWI OLL		≥ 900	
			- P.C	
			= 25	
			OF STATE	
ARTICLE IV S.	UADEC		7 5	
The number of shares			3.5	
	VITIAL OFFICERS AND/OR DIRECT			
	SANDRA C SANMIGUEL (OWN	EH) Name and Title:		
Address:	6861 SW 147 AVE # 4B MIAMI, FL 33193			
	IVIIAVII, EL 33.193			
			<u> </u>	
		Name and Title:		
Address:				
				
	• > .			
Name and Title		Name and Title:		
Address:		Address:		
	EGISTERED AGENT			
	a street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name: Address:	SANDRA C SANMIGUEL			
Addiess.	6861 SW 147 AVE # 4B MIAMI, FL 33193			
	WIIAWII, I.L. 33.133			
ARTICLE VII IN				
	ss of the incorporator is:			
Name:	CHRISTIAN D ALDANA			
Address:	8045 NW 36 ST # 595 DORAL FL 33193			
	DVIDE, LEWING			
	as registered agent to accept service of pro			
this certificate, I am f	amiliar with and accept the appointment as	registered agent and agree to act in t	his capacity	
\mathcal{A}	uuy F	4	4/40/0040	
<u></u>			1/10/2010	
	Required Signature/Registered Agent	<u>/</u>	Date	
I submit this docume	nt and affirm that the facts stated herein	arestrue. I am aware that the false	information submitted in a	
document to the Depu	rtment of State constitutes a third degree fe	lofy]as provided for in s.817.155, F.S	Σ	
	11 milles	V_{\parallel}		
	MAN K		11/10/2010	
	Required Signature/Incorporator		Date	