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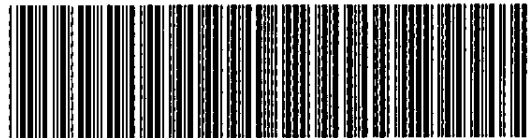
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/13

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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 MAN 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 ST LUCIE FL. 34952

City, State & Zip

772-408-6944

Daytime Telephone number

THECOMPUTERGUY1@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 MAN INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1538 SE ROYAL GREEN CIRCLE
APT. H203
PORT ST LUCIE FL. 34952

Mailing address, if different is:

1538 SE ROYAL GREEN CIRCLE
APTH203
PORT ST LUCIE FL. 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
COMPUTER REPAIR

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAMUEL P. WILSON (PRES.)
Address: 1538 SE ROYAL GREEN CIR. H203
PORT ST LUCIE FL 34952

Name and Title: _____
Address: SAMUEL P. WILSON (TRE)
1538 SE ROYAL GREEN CIR. H203
PORT ST LUCIE FL 34952

Name and Title: _____
Address: _____

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 P. WILSON
Address: 1538 SE ROYAL GREEN CIRCLE H203
PORT ST LUCIE FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAMUEL P. WILSON
Address: 1538 SE ROYAL GREEN CIRCLE H203
PORT ST 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

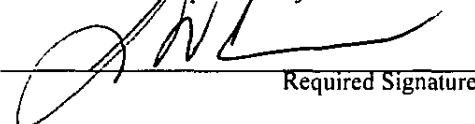


Required Signature/Registered Agent

10/4/2011

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.817.155, F.S.



Required Signature/Incorporator

10/4/2011

Date

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