

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

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DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
COMMERCIAL KITCHEN REPAIR OF FLORIDA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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November 21, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARINAS & ASSOCIATES INC

SUBJECT: COMMERCIAL KITCHEN REPAIR OF FLORIDA, INC.
REF: W11000058809

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list a valid zip code for the mailing address.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000274224
Letter Number: 511A00026261

COVER LETTER

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

SUBJECT: COMMERCIAL KITCHEN REPAIR OF FLORIDA, 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: YANELLE M BARINAS
Name (Printed or typed)

5701 NW 36 ST
Address

MIAMI, FL 33166
City, State & Zip

305-871-0889
Daytime Telephone number

BARINASB@GMAIL.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:

COMMERCIAL KITCHEN REPAIR OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10401 NW 36TH PL
MIAMI, FL 33147

Mailing address, if different is:

PO BOX 127239
HIALEAH, FL 33012 -1620

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS R. RUSSO, PSVD Name and Title: _____
Address: 10401 NW 36 PL Address: _____
MIAMI, FL 33147 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: THOMAS R. RUSSO
Address: 10401 NW 36 PL
MIAMI, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS R. RUSSO
Address: 10401 NW 36 PL
MIAMI, FL 33147

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

Thomas Russo
Required Signature/Registered Agent

11/18/2011
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.817.135, F.S.

Thomas Russo
Required Signature/Incorporator

11/18/2011
Date

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TALLAHASSEE, FLORIDA
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