## P12000021974

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
OK to correct out.  If pur ana on 316				

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Bm 3/6/12

## **COVER LETTER**

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

SUBJECT: Mr. Fix it Appliances and Services 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 \$78.75 \$87.50 **1**\$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Ana M. Fernandez Name (Printed or typed) 8730 NW 36 Avenue Address Miami, Florida 33147 City, State & Zip <u>786-303-2093</u> Daytime Telephone number Fernandezgaspar@gmail.com
E-mail address: (to be used for future annual report notification)

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

REGEIVED

12 HAR -2 AHII: 55

PAYSIEN OF CORPORATION

February 21, 2012

ANA M FERNANDEZ 8730 NW 36 AVE MIAMI, FL 33147

SUBJECT: MR. FIX IT APPLIANCES AND SERVICES LLC

Ref. Number: W12000010143

We have received your document for MR. FIX IT APPLIANCES AND SERVICES LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Remove the word LLC from the name of your corporation and use one that is listed below.

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.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 212A00007564

## ARTICLES OF INCORPORATION

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

ARTICLE I The name of the co	NAME Mr. Fix it Appliances reporation shall be:	and Services In	nc.
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
8	730 NW 36 Avenue	Same	
, M	Mami, FL 33147		•
			12 V.S.
-			
ARTICLE III	<u>PURPOSE</u>		MAR CRE
The purpose for w	hich the corporation is organized is:		7 PAT
Appliance Repair			
	<b>F</b>		900
			= 34
			AM 11:
			ST OF
ARTICLE IV	SHARES		POP STATE ORPORATIONS ON 11:52
	res of stock is: 100		
The fidition of prior	100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS	
Name and Ti	tle:Jorge G. Fernandez	Name and Titl	e:
Address:	President	Address:	,1
	565 East Drive		
	Miami Springs, FL 33166		
	, ,		
Name and Title: Ana M. Fernandez		Name and Titl	le: <u>'</u>
Address:	Vice President	Address:	
	565 East Drive		
	Miami Springs, FL 33166		
	•		
Name and Title:		Name and Titl	e:
Address:		Address:	
A DOVOL D LO	DEGLEGERE A COLUM	<u> </u>	
	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptab		ent is:
Name:	Lynn Zovluck		
Address:	8730 NW 36 Avenue	<del></del>	
	Miami, FL 33147	<del></del>	
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:			
Address:	Ana M. Fernandez		
Address:	565 East Drive		
	Miami Springs, FL 33166		
Having been name this certificate, I an	d as registered agent to accept service of pro- n-familiar with and accept the appointment a	ocess for the above so s registered agent and	tated corporation at the place designated in agree to act in this capacity
	2		2/27/12
( ) ·	Required Signature/Registered Agent		Date
V submit this docur document to the De	ment and affirm that the facts stated herein partment of State constitutes a third degree j	a are true. I am awar felony as provided for	e that the false information submitted in a in s.817.155, F.S.
	1/0/201/		
	em 11 Telegrand	/	2/27/12
	Required Signature/Incorporator	<del></del>	Date