

P/2000024941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

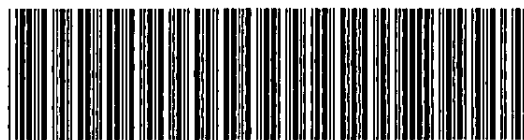
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/12/12--01020--029 **78.75

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12 MAR 12 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/14/12

COVER LETTER

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

SUBJECT: PC Fix Services Corp.
(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: JUAN VARELA
Name (Printed or typed)

2975 Bee Ridge Rd, Suite A
Address

SARASOTA, FL 34239
City, State & Zip

941 - 592 - 3414
Daytime Telephone number

JUAN.VARELA@PCFIXSERVICES.COM
E-mail address: (to be used for future annual report notification)

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: PC Fix Services Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2975 Bee Ridge Rd Suite A
Sarasota, FL 34239
(first office door)

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Computer Repairs/buy and sell

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN M. VARELA

Address: 5552 BENTGRASS DR. APT# 303

SARASOTA FL 34235

Name and Title: _____

Address: _____

Name and Title: Elybeth ZULETA

Address: 5552 BENTGRASS DR. APT# 303

SARASOTA FL 34235

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: JUAN M. VARELA

Address: 5552 BENTGRASS DR. APT# 303

SARASOTA FL 34235

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

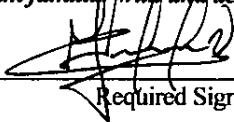
Name: JUAN M. VARELA

Address: 5552 BENTGRASS DR. APT# 303

SARASOTA FL 34235

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

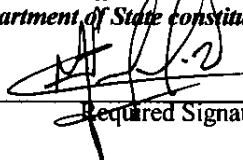
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/08/12
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

03/08/12
Date