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Office Use Only



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## **COVER LETTER**

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

SUBJECT:	Allen's Computer Repair, Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCLUDE SUFFIX)	
Enclosed are an or	riginal and one (1) copy of the arti	cles of incorporation and a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	
	<b>A</b> U	Alfanas In	
FROM: _	Allen Name	Alfonso Jr (Printed or typed)	
· <u>–</u>	11320 F	Partridge Drive	
_	Tampa City,	n, FL 33625 State & Zip	
. —	(813) 9 Daytime T	919-7208 elephone number	
_	gigitalfor E-mail address: (To be use	nso@gmail.com d 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 II PRINCIPAL OFFICE Principal street address			
		Mailing a	Mailing address, if different is:
	11320 Partridge Drive		
	Tampa, FL 33625		
RTICLE III PU	JRPOSE		1 SE TAL
	th the corporation is organized is:		17 CR
Personnel Serv	rices Corporation		FILED 12 APR 16 PM 4: 28 SECRETARY OF STATE ALLAHASSEE, FLORES
RTICLE IV S			
he number of shares	of stock is: 100		~ <b>∵</b>
PTICIE V II	NITIAL OFFICERS AND/OR DIREC	TORS	
	: Allen Alfonso Jr		
Address:	11320 Partridge Drive	Address:	
	Tampa, FL 33625		
Nome and Title		Name and Title:	
Address:		Address:	
Address.			
		<del></del>	
	:	Name and Title:	
Address:		Address:	
	EGISTERED AGENT		
	la street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	Allen Alfonso Jr		
Address:	11320 Partridge Drive	<del></del>	
	Tampa, FL 33625		
ARTICLE VII	NCORPORATOR		
	ss of the Incorporator is:		
Name:	Allen Alfonso Jr		
Address:	11320 Partridge Drive		
	Tampa, FL 33625		
his certificate, I am j	as registered agent to accept service of p familiar with and accept the appointment o		
alle	- ///		4//12/2012
<u> </u>	Required Signature/Registered Agen	<u> </u>	Date
	• •		
submit this docum	ent and affirm that the facts stated herei	n are true. I am aware that the	e false information submitted in
locument to the Dep	artment of State constitutes a third degree	fetony as provided for in s.817.1	55, F.S.
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