

P12000051694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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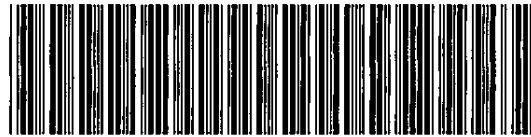
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
6/6/12

## COVER LETTER

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

SUBJECT: ER PC Repair 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: ER PC Repair INC.  
Name (Printed or typed)

4925 E Colonial DR.  
Address

Orlando, FL 32803  
City, State & Zip

407-704 6915  
Daytime Telephone number

EliCastillo12@gmail.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: ER PC Repair, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4925 E Colonial DR.  
Orlando, FL 32803

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Repair / Resale of Electronic and Computers, and Computer parts, and Service.

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: President

Address: Eliazar Castillo

919 Barbados Ave.  
Orlando, Florida 32825

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Officer

Address: Eliazar Castillo

919 Barbados Ave.  
Orlando, Florida 32825

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: Eliazar Castillo

Address: 4925 E Colonial DR  
Orlando, Florida 32803

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eliazar Castillo

Address: 4925 E Colonial DR  
Orlando, Florida 32803

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.

Eliazar Castillo

Required Signature/Registered Agent

6/1/12

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.

Eliazar Castillo

Required Signature/Incorporator

6/1/12

Date

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