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| (Re | equestor's Name) | | | | |
|---|--------------------|-------------|--|--|--|
| (Ad | ldress) | | | | |
| (Ad | dress) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| . PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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1/11/13

COVER LETTER

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

| _{SUBJECT:} D. F | R. V. Appliance, | Service and F | Repair, Inc. |
|--------------------------|---|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an original | inal and one (1) copy of the art | ticles of incorporation and | d a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: D | ariel Ramos Var | ela | |
| | Nam 784 S.W. 7 Stree | e (Printed or typed) | |

E-mail address: (to be used for future annual report notification)

Address

City, State & Zip

Daytime Telephone number

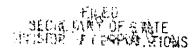
Miami, FL 33135

305-213-3444

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)



The name of the corporation shall be: D. R. V. Appliance, Service and Repair, Inc. 13 JAN 10 PM 4: 27 PRINCIPAL OFFICE Principal street address Mailing address, if different is: 2029 N.W. 27th Avenue 2029 N.W. 27th Avenue Mlami, FL 33142 Miami, FL 33142 ARTICLE III PURPOSE The purpose for which the corporation is organized is: purpose of repairing and/or servicing refrigerators, washers and dryers. ARTICLE IV SHARES
The number of shares of stock is: 250 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Dariel Ramos Varela, President Name and Title: Dariel Ramos Varela, Vice President 1784 S.W. 7th Street 1784 S.W. 7th Street Address Apt. #1 Apt. #1 Miami, FL 33135 Miami, FL 33135 Dariel Ramos Varela, Treasurer Name and Title: Name and Title 1784 S.W. 7th Street Address Address: Apt #1 Miami, FL 33135 Name and Title: Name and Title: Address

| Name and | d Title: | Name and Title: | |
|-------------------|---|----------------------------------|------------------------------|
| Address | | Address: | |
| ARTICLE VI | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of | Cthe registered agent is: | |
| | Jeannylin Trabada | the registered agent is. | |
| Name: Address: | 12330 S.W. 39 Terrace | - | ಪ |
| Audress. | Miami, FI 33175 | - | |
| ARTICLE VII | INCORPORATOR | - | 10 PH 4: |
| The name and ad | dress of the Incorporator is: | | |
| Name: | Dariel Ramos Varela | - 1 - 1 - | 27 27 |
| Address: | 1784 S.W. 7th Street | Apt*1 | æ. |
| | Miami, FL 33135 | <u> </u> | |
| | ned as registered agent to accept service of process im familiar with and accept the appointment as reg | gistered agent and agree to act | |
| I submit this doc | ument and affirm that the facts stated herein are | true. I am aware that the fals | e information submitted in a |
| uocument turne i | pour inferit syptiate constitutes a mara degree jeun | y us providen for in stor recos, | 1/3/13 |
| | Required Signature/Incorporator | | Date |
| | | | |