

P13000054197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

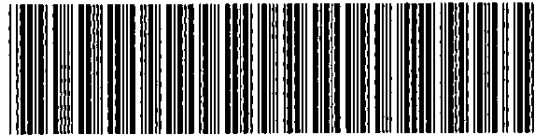
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUN 21 PM 1:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

COVER LETTER

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

SUBJECT: M and S Computer Repair, Co.
(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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM All PC Repair #7
Name (Printed or typed)
2520 S. Semoran Blvd
Address
Orlando Florida 32822
City, State & Zip
407-730-9852
Daytime Telephone number
allPCRepair@yahoo.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)

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ARTICLE I NAME

The name of the corporation shall be: MandS Computer Repair JUN 21 PM 1:38

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is

2520 S Semoran Blvd.
Orlando, Florida 32822

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the sole purpose of
Computer & Other Electronic Repair, and sale of
accessories both software and hardware.
Computer Repair.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Maria S. Gomez</u>	Name and Title:	<u>Miguel Lopez</u>
Address	<u>3929 Orange Lake Dr</u>	Address:	<u>3929 Orange Lake Dr</u>
	<u>Orlando, Florida</u>		<u>Orlando, Florida</u>
	<u>President</u>		<u>Officer</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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13 JUN 21 PM 1:38

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria Tamer
Address: 2520 S. Semoran Blvd.
Orlando, Florida 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Tamer
Address: 2520 S. Semoran Blvd.
Orlando, Florida 32822

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

Maria Tamer
Required Signature/Registered Agent

6-15-13
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.

Maria Tamer
Required Signature/Incorporator

6-15-13
Date