

PIA000063064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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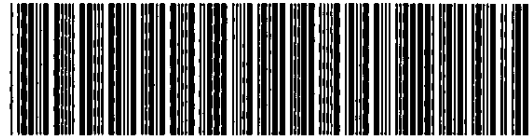
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 JUL 23 PM 12:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: ALL REPAIRS SERVICES & MAINTENANCES, 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: Juan Carlos Reconco

Name (Printed or typed)

1132 NE 17th Terr

Address

Ft Lauderdale, FL 33304

City, State & Zip

754 246 9991

Daytime Telephone number

jcreconco71@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: ALL REPAIRS SERVICES & MAINTENANCE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1132 NE 17th Terr

Ft Lauderdale, FL 33304

Mailing address, if different is:

1132 NE 17th Terr

FT Lauderdale, FL 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: roofing repairs: shingle, tile, flat, if it is necessary,
we replace the wood.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Carlos Reconco

Name and Title: _____

Address 1132 NE 17th Terr

Address: _____

Ft Lauderdale, FL 33304

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(conti)

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

ARTICLE VI REGISTERED AGENT

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

Name: Juan Carlos Reconco
Address: 1132 NE 17th Terr
Ft Lauderdale, FL 33304

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Juan Carlos Reconco
Address: 1132 NE 17th Terr
Ft Lauderdale, FL 33304

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
07/22/2014
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
07/22/2014
Date

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TALLAHASSEE, FLORIDA

Acknowledgement Certificate

State of Florida
County of Broward

The foregoing instrument was acknowledged this 22th day of July, 2014, being presented by Luis Juan Carlos Reconco, who appears in person before me, and who identified to for this act, with his Florida, which contains his name, photo and signature, and declared that he is the person named in the document and recognize that he signed the instrument voluntarily, under any pressure and for the purpose expressed in it.


Notary Public

Notary Public, In
and for the State of Florida, County of Broward.
My Commission Expires on May 15, 2017

Notary Seal:

