

NOV/03/2014/MON 12:2

FAX No.

P. 001

PA 000089578

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ABOVE THE REST MAINTENANCE & REPAIR, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ABOVE THE REST MAINTENANCE & REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

495 FLORIDA BLVD

495 FLORIDA BLVD

APT: 102

APT: 102

MIAMI, FL 33144

MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **(P) RICHARD VIERA**

Name and Title:

Address

495 FLORIDA BLVD

Address:

APT: 102

MIAMI, FL 33144

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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MILWAUKEE, WISCONSIN

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FAX No.

P. 003

(cont.)

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: RICHARD VIERA
Address: 495 FLORIDA BLVD APT: 102
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

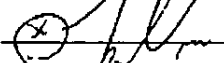
Name: RICHARD VIERA
Address: 495 FLORIDA BLVD APT: 102
MIAMI, FL 33144

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

NOV 3, 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

NOV 3, 2014
Date

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FLORIDA SECRETARY OF STATE