

P/4000090867

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000259731 3)))



H140002597313ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
ETC SERVICE & REPAIR CORP**

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

11/07/14

FILED
14 NOV -6 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
14 NOV -6 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000259737

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:ETC Service & Repair Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

18021 SW 136 CTMIAMI FL 33177**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Edgar Tamayo (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Edgar Tamayo18021 SW 136 CTMIAMI FL 33177**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Edgar Tamayo18021 SW 136 CTMIAMI FL 33177

14 NOV -6 AM 11:37

H14000259737

H14000259738

Required Signatures:

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



Registered Agent

11/06/14

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.



Incorporator

11/06/14

Date

RECEIVED
FALL AID SPECIAL PERIOD

14 NOV -8 AM 11:37

FILED

H14000259738