

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

ALL FURNITURE REPAIR, INC.

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

Help

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 JAN 27 PH 2: 01

ARTICLE I NA The name of the corpo	ME ALL FURNITUI	RE REPAIR, INC SECRETARY OF S
ARTICLE II PR	Principal street address	Mailing address, if different is:
6324 NW 1 MIAMI, FL		SAME
• •	RPOSE the corporation is organized is: ALL LAWFUL BUSINE	SS
	·	
		· ·
ARTICLE IV SE	ARES 100	
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	<u> </u>
ARTICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR le:_UDITSY RAMOS (P/S/D)	Name and Title:
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	
ARTICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR le: JUDITSY RAMOS (P/S/D) 6324 NW 188 LANE	Name and Title:
ARTICLE V IN Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR le: JUDITSY RAMOS (P/S/D) 6324 NW 188 LANE	Name and Title:
Name and Ti	HTTAL OFFICERS AND/OR DIRECTOR JUDITSY RAMOS (P/S/D) 6324 NW 188 LANE MIAMI, FL 33015	Name and Title:
ARTICLE V IN Name and Tit Address	HTTAL OFFICERS AND/OR DIRECTOR JUDITSY RAMOS (P/S/D) 6324 NW 188 LANE MIAMI, FL 33015	Name and Title: Address: Name and Title:
Name and Tit Address Name and Tit Address	HTTAL OFFICERS AND/OR DIRECTOR JUDITSY RAMOS (P/S/D) 6324 NW 188 LANE MIAMI, FL 33015	Name and Title: Address: Name and Title: Address:

(conti.)

Name and Title:		Name and Title:		
Addres				
ARTICLE VI	REGISTERED AGENT Clorids street address (P.O. Box NOT acceptable) of	f the registered agent is:		
Name:	JUDITSY RAMOS	- 		
Address:	6324 NW 188 LANE	•		
114417777	MIAMI, FL 33015	- -		
ARTICLE VII	INCORPORATOR			
The name and a	ddress of the Incorporator is:			
Name:	JUDITSY RAMOS	_		
Address;	6324 NW 188 LANE	_		
	MIAMI, FL 33015	-		
Having been na this certificate, l	ined as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporistered agent and agree to	oration at the place designated in act in this capacity	
	Trend		01/27/2015	
	Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon			
	Masur		01/27/2015	
	Required Signature Incorporator		Date	

15 JAN 27 PN 2: 01
SECRETARY OF STATE
I ALL AHASSEE FLORIDA