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15 MAR 19 AM 8:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: BLUE APPLIANCE REPAIR 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: BLUE APPLIANCE REPAIR INC.
Name (Printed or typed)

8510 S.W. 28 ST.
Address

MIAMI, FL 33155
City, State & Zip

(305) 763-1233
Daytime Telephone number

blueappliance305@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: Blue Appliance Repair Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8510 S.W. 28 St.
MIAMI, FL 33155

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For the purpose of
engaging in the activities or business
permitted under the laws of the United States
and the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: ONE thousand shares (1000) of common stock at
ONE DOLLAR (\$1.00) PAR VALUE, which shall be designated "Common Shares."

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PELLO A. CRESPO (President) / Director / TREASURER

Address: 8510 SW 28 St.
MIAMI, FL 33155

Name and Title: JAEQUELIN CASTELLANOS (Vice-President) / Secretary

Address: 6851 SW 15 St.
MIAMI, FL 33144

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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:

PEDRO A. CRESPO - President

Address:

8510 SW 28 ST
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

PEDRO A. CRESPO

Address:

8510 SW 28 ST.
MIAMI, FL 33155

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

Pedro A. Crespo
Required Signature/Registered Agent

3-16-15
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.

Pedro A. Crespo
Required Signature/Incorporator

3-16-15
Date

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