

P15000063070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

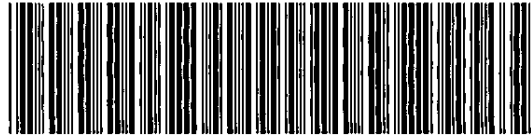
(Document Number)

Certified Copies _____ Certificates of Status _____

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06/05/15--01002--002 **78.75

SECRETARY OF STATE
ALL ABSTRACTS FILED IN
15 JUL 27 AM 10:57

FILED



COVER LETTER

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

SUBJECT: Alex's Home 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Alfredo A. Perez
Name (Printed or typed)

2490 NW 94th Ave
Address

Coral Springs, FL 33065
City, State & Zip

754. 234. 5331
Daytime Telephone number

mreyesrealestate@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: Alex's Home Repair Inc

ARTICLE II PRINCIPAL OFFICE

Principal ^{street} address: 2490 NW 94th Ave
Coral Springs, FL 33065

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: small business of
home repairs

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alfredo A. Perem Name and Title: President
Address: 2490 NW 94th Ave Address: _____
Coral Springs, FL
President 33065

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

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

15 JUL 27 2010:57
SECRETARY OF STATE
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: Alfredo A. Perez
 Address: 2490 NW 94th Ave
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

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

Name: Alfredo A. Perez
 Address: 2490 NW 94th Ave
Coral Springs, FL 33065

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 15 JUL 27 AM 10:57
 J.L. R.L.

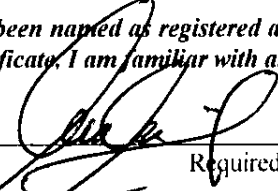
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/28/15

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.



Required Signature/Incorporator

5/28/15

Date