

P16000016743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

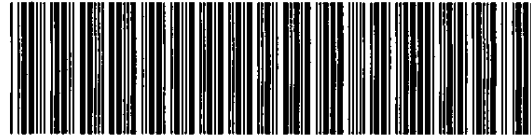
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 FEB 16 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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VH

COVER LETTER

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

SUBJECT: M & W AFTER HOURS 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: WILLIAM A. JOSEPHS

Name (Printed or typed)

3420 GARDEN LANE

Address

MIRAMAR, FL 33023

City, State & Zip

786 285 0660

Daytime Telephone number

JOSEPHSW7@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)

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ARTICLE I NAME

The name of the corporation shall be: M & W AFTER HOURS REPAIR INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
3420 GARDEN LANE
MIRAMAR, FL 33023

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REPAIRS AND SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES WITH A PAR VALUE OF \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM A. JOSEPHS Name and Title: DIRECTOR

Address: 3420 GARDEN LANE Address: _____
MIRAMAR, FL 33023

Name and Title: MARLECIA JOSEPHS Name and Title: _____

Address: 3420 GARDEN LANE Address: _____
MIRAMAR, FL 33023

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ALFRED H. BERNARD

Address: 7649 JUNIPER STREET
MIRAMAR, FL 33023

ARTICLE VII INCORPORATOR

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

Name: WILLIAM A. JOSEPHS

Address: 3420 GARDEN LANE
MIRAMAR, FL 33023

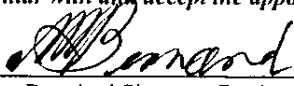
ARTICLE VIII EFFECTIVE DATE:

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.

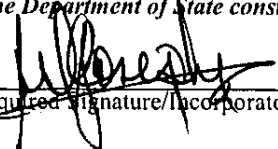
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

FEB. 10, 2016
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

2/10/2016
Date