

P16000073142

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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08/12/16--01012--022 **/8.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP -7 AM 11:00

W16-057714

09/08/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2016

JAVIER GOMEZ
566 N.W. 95 ST.
MIAMI, FL 33150

SUBJECT: GOMEZ REPAIR & PLUBER, INC.
Ref. Number: W16000057714

We have received your document for GOMEZ REPAIR & PLUBER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 416A00017584

16 SEP -7 AM ID

COVER LETTER

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

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

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

FROM: _____
Name (Printed or typed)
566 NW 95 STREET

Address
MIAMI, FL 33150

City, State & Zip
786 - 678 - 6566

Daytime Telephone number
goinez_javier26@yahoo.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: GOMEZ REPAIR & PLUMBING Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

566 NW 95 STREET

566 NW 95 STREET

MIAMI, FL 33150

MIAMI, FL 33150

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL PURPOSES

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: Secretary

Address JAVIER GOMEZ

Address: YAUQUELEYNI D LIN

566 NW 95 STREET

566 NW 95 STREET

MIAMI, FL 33150

MIAMI, FL 33150

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: JAVIER GOMEZ

Address: 566 NW 95 STREET

MIAMI, FL 33150

ARTICLE VII INCORPORATOR

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

Name: JAVIER GOMEZ

Address: 566 NW 95 STREET

MIAMI, FL 33150

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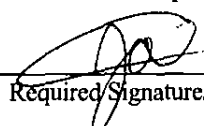
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/02/2016 (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.)

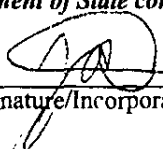
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

08/29/2016
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

08/02/2016
Date