

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000022154 3)))



H170000221543ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:						
	Address:	Address:	Address:	Address:	Address:	Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION ANDY REPARATION SERVICES INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

H17000022154

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ANDY REPARATION Services INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
11500 SW 43 ST MIAMI FT 33165	
ARTICLE III SHARES: The number of shares of stock is: 106	_·
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Jimes AiRA Reyes (8)	<del></del>
PRI	7 JA
S22	₹ 2.  -
	· 1
<u> </u>	သ
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent i	s:
Jimes Aira Reves	
11500 SW 43 8t	
Miami FL 33145	
:	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is	š:
Jimes Aira Reyes	
11500 SW 43 ST	
MIOMI F1 33/105	

H17000022154

## Required Signatures:

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

Registered Agent 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.

Incorporator Date