

Florida Department of State  
Division of Corporations  
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17 MAY 11 PM 4:35

OFFICE OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
A OLIVA APPLIANCE SERVICE & REPAIRS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAY 11 AM 10:07

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# ARTICLES OF INCORPORATION

OF

A OLIVA APPLIANCE SERVICE & REPAIRS, INC

The undersigned, being of legal age and a natural person, do hereby subscribe to, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the law of State of Florida.

## ARTICLE I - NAME

The name of the corporation shall be:

A OLIVA APPLIANCE SERVICE & REPAIRS, INC

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13935 SW 100<sup>TH</sup> TER  
MIAMI FL, 33186.

## ARTICLE III - DURATION

This corporation shall commence its existence immediately upon the filing of these Articles of Incorporation and shall exist perpetually thereafter unless sooner dissolved according to law.

## ARTICLE IV - PURPOSE

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida.

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**ARTICLE V - AUTHORIZED SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1000 shares at \$ 1.00 (one dollar) each**

**ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the initial office of this Corporation and Florida Street address of the initial registered agent is:

**AURELIO OLIVA  
13935 SW 100<sup>TH</sup> TER  
MIAMI FL, 33186.**

**ARTICLE VII - INITIAL BOARD OF DIRECTOR**

This Corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the By-Law but shall never be less than one. The name and address of the initial directors of this Corporation is:

**AURELIO OLIVA (president)  
13935 SW 100<sup>TH</sup> TER  
MIAMI FL, 33186.**

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**ARTICLES VIII - INCORPORATOR**

The name and street address of the incorporator to these articles of incorporation is:

AURELIO OLIVA  
13935 SW 100<sup>TH</sup> TER  
MIAMI FL, 33186.

The undersigned incorporator has executed these Articles of Incorporation this  
10<sup>th</sup> DAY OF MAY, 2017.

  
AURELIO OLIVA.

**ARTICLE IX - POWERS OF CORPORATION**

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

IN WITNESS, WHEREOF, I, the undersigned, being the Incorporator hereinbefore named, for the purpose of forming a corporation to do business both within and outside the State of Florida, under the laws of Florida, make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and hereunto sign my name on this 10<sup>th</sup> DAY OF MAY, 2017.

  
AURELIO OLIVA.

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

**A OLIVA APPLIANCE SERVICE & REPAIRS, INC**

2. The name and address of the registered agent and office is:

**AURELIO OLIVA**  
(Name)

**13935 SW 100<sup>TH</sup> TER**  
(Address)

**MIAMI, FL 33186.**  
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Signature)

05/10/2017  
(Date)

**DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314.**

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TALLAHASSEE, FLORIDA

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