

P18000019000

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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.

(((H18000066089 3)))



H180000660893ABC5

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
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

RECEIVED
 18 FEB 27 PM 4:52
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
N&K REPAIR SERVICES CORP**

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

N. SAMS

FEB 28 2018

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2018 FEB 27 PM 3:40

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

H18000066089

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:N&K Repair services corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

720 SW 64 Ave
miami FL 33144CLERK OF STATE
TALLAHASSEE, FLORIDA

18 FEB 27 PM 4:52

FILED

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Carmen E Cortes Bexley
(president)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Carmen E Cortes Bexley
720 SW 64 Ave
Miami FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Carmen E Cortes Bexley
720 SW 64 Ave
Miami FL 33144

H18000066089

H18000066089

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.

Carmen Cortes

Registered Agent

2/27/18

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 § 817.165, F.S.

Carmen Cortes

Incorporator

2/27/2018

Date

FILED
18 FEB 27 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000066089