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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000008819

: (305)552-5973

Phone

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. **

Email Addre	is:	
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FLORIDA PROFIT/NON PROFIT CORPORATION ALL MIAMI REPAIR CORP

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

All Mami Repair corp
ARTICLE IL PRINCIPAL OFFICE:
The principal street address and mailing address is:
20905 NW ILL PLACE APT 549
Mani Gardens, Fl 33169
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
loger AlFaro (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
POGEY AHOYO
2005 NW 14 PLACE APT 549
Miami Enrolons, Fl 33169
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Roger Alford
20905 NW 14 Place APT 549
Hiami forcters #1 331109

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

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.

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