

P190000092978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

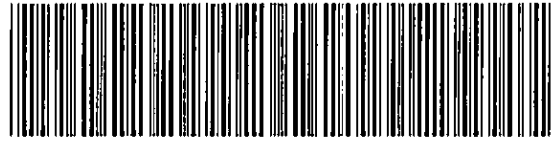
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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: IPHONE REPAIR INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Mustafa SARAC  
Name (Printed or typed)

1112 South Magnolia Drive, Apartment K2C  
Address

Tallahassee, Florida 32301  
City, State & Zip

8438643936  
Daytime Telephone number

7mustafasarac@gmail.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: IPHONE REPAIR INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 1500 Apalachee Parkway  
Mailing address, if different is: 1112 South Magnolia Drive  
Apartment K205  
Tallahassee Florida 32301 Tallahassee, FL 3230

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: I want to do retail business  
and phone repair services.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mustafa SARAC Name and Title: Director

Address: 1112 South Magnolia Drive, Apartment K205  
Tallahassee, FL 32301

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: Mustafa SARAC  
Address: 1112 South Magnolia Drive  
Apartment K205, Florida 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mustafa SARAC  
Address: 1112 South Magnolia Drive  
Apartment K205, Florida 32301

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/16/2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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  
Date 12/16/2019

*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  
Date 12/16/2019

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TALLAHASSEE, FL