Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 : (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	Address:		
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FLORIDA PROFIT/NON PROFIT CORPORATION M.A. SERVICES & REPAIR INC

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

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
M.A. SERVICES & REPAIR INC		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
Wigleah, F/ 33012		
ARTICLE III SHARES: The number of shares of stock is: //		
Wilhel frmas Suarez (HESIDENT)	2	
MICHEL POLICE CONTRACTOR	028 MAY	.ال
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Michel Armas Suarez		
4090 W 10+h CT		
Haleah, 4/ 33012		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
MICHEL ARMAS SUAREZ		
4090 W 10th CT		
HIALEAH FL 33012		

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

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