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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

****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
TWO SON REPAIR INC**

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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAY 14 PM 3:56

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

TWO SON REPAIR INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1220 NE 162nd ST
NORTH MIAMI BEACH, FL 33162

ARTICLE III **SHARES:** The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Jocelyn Raphael Werestant (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOCELYN RAPHAEL NERESTANT
1220 NE 162nd ST
NORTH MIAMI, BEACH FL. 33162

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

JOCelyn RAPHAEL NERESTANT
1220 NE 162nd ST.
NORTH MIAMI BEACH, FL. 33162

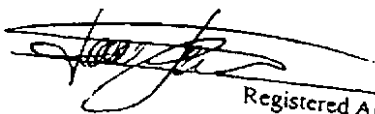
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Required Signatures:

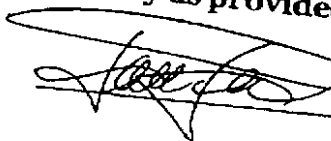
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

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 s.817.155, F.S.



Incorporator

Date

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TALLAHASSEE, FL