## P20000077770

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2070 SEP 17 P.H 4:

## COVER LETTER

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

SUBJECT: EXPRESS PUNCH and REPAIR, Inc. Enclosed are an original and one (1) copy of the articles of incorporation and a check for: E \$78.75 **□** \$70.00 ☐ \$78.75 ☐ \$87.50 Filing Fee & Certified Copy Filing Fee Filing Fee Filing Fee. & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Anthony A. Honar Var
Name (Printed or typed) Riverview, FL 33578

City, State & Zip 813 - 3 43 - 1313

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

expanchere Pair 2 gmail. com E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAME he name of the corporat	ion shall be: Express Pu	inch and	P Repui	(, 7nc.
rticle il Princ	TPAL OFFICE Principal street address  Ouring Eagle D1.  FL 33578	<u>Р.</u> Ма	iling address, if diffi	<u>aa</u>
e purpose for which t	•	Berfirm	911 a	S. Pect
RTICLE IV SHARI ne number of shares of	<u>VS</u> stock is:/000		:: ::	7020 SEP
	1. OFFICERS AND/OR DIRECTORS  Anthony A. Homerviso  President and CEZ  10404 Socring Ed  River Vew FL 33	≥ Address: gCoo	<u></u>	7 T.
Name and Title:		Name and Title: Address:		
Name and Title:		Name and Title:		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name: Anthony A.	Honarvar
Address: 10404 Soax	ing Eagle Dr.
Address: 10404 Soar Riverview, F	<u>L 33578</u>
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Anthony A.	Honorvar
Address: 10404 50	aving Eagle Dr.
Riverview,	Honorar aving Eagle Dr. FL 33578
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be spling.)	2-13-2020 (OPTIONAL)  Decific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not me the document's effective date on the Department of	cet the applicable statutory filing requirements, this date will not be listed as if State's records.
Having been named as registered agent to accept so certificate, I am familiar with and accept the appoi	rvice of process for the above stated corporation at the place designated in this nument as registered agent and agree to act in this capacity
A-thy & - Her Required Signature/Regi	9-13-202 C
Required Signature/Regi	stered Agent Date
I submit this document and affirm that the facts document to the Department of State constitutes a l	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
Anthony & - Howard Required Signature/Incorporator	
Required Signature/Incorporator	Date 9-13-202 6

## **COVER LETTER**

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

□ \$70.00

Filing Fee

SUBJECT: EXPRESS functioned REPAIR, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

☐ \$78.75 Filing Fee & Certified Copy

□ \$87.50

Filing Fee,

Certified Copy

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

**S78.75** 

Filing Fee

& Certificate of Status

	& Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Anthony A. t	tonar var
10404 Scaring	Engle Dr.
River View, F-2 City. Stat	
813 - 3 43 - 13  Daytime Telep	
E-mail address: (to be used for	future annual report notification)

NOTE: Please provide the original and one copy of the articles.