

6/3/22, 11:28 AM

**P22000044112**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : WF TAXES AND MORE INC.  
Account Number : I20200000043  
Phone : (772)879-0010  
Fax Number : (772)879-0150

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: wftaxes.more@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
FL MAINTENANCE REPAIR & MORE INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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## COVER LETTER

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

**SUBJECT:** FL MAINTENANCE REPAIR & MORE 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 Filing Fee  
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

**FROM:** EDWARD CHAVARRIA  
Name (Printed or typed)  
3407 SW ENGLEWOOD ST  
Address  
PORT ST. LUCIE, FL 34953  
City, State & Zip  
772-877-1458  
Daytime Telephone number  
WFTAXES.MORE@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2022 JUN -3 PM 2:05

**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: FL MAINTENANCE REPAIR & MORE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3407 SW ENGLEWOOD ST  
PORT ST. LUCIE, FL 34953

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: EDWARD CHAVARRIA, PRESIDENT

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

Address 3407 SW ENGLEWOOD ST

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

PORT ST. LUCIE, FL 34953

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2022 JUN -3 PM 2:05  
CLERK'S OFFICE  
H

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: EDWARD CHAVARRIA  
 Address: 3407 SW ENGLEWOOD ST  
PORT ST. LUCIE, FL 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WALTER GOMEZ  
 Address: 508 SW PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34953

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Edward Chavarria  
 Required Signature/Registered Agent

06/02/2022  
 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.*

Walter Gomez  
 Required Signature/Incorporator

06/02/2022  
 Date

2022 JUN -3 PM 2:00  
 TALLAHASSEE, FL