

TRANSMITTAL LETTER

P990000 16588

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

SUBJECT: Authorized Pager Repair inc.
(Proposed corporate name - must include suffix)

100002780511--7
-02/19/99--01039--024
*****87.50 *****87.50

Enclosed is 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: Brian Fine
Name (Printed or typed)

3620 E. Esther ST.
Address

Orlando, FL. 32812
City, State & Zip

407-660-9644
Daytime Telephone number

FILED
99 FEB 19 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

B. BROCK FEB 19 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Authorized Pager Repair inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

213 W. Kennedy Blvd.

Orlando, FL. 32810

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Brian Fine

3620 E. Esther ST. Orlando, FL. 32812

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Brian Fine 3620 E. Esther ST. Orlando, FL. 32812


Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent


Date

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TALLAHASSEE, FLORIDA