

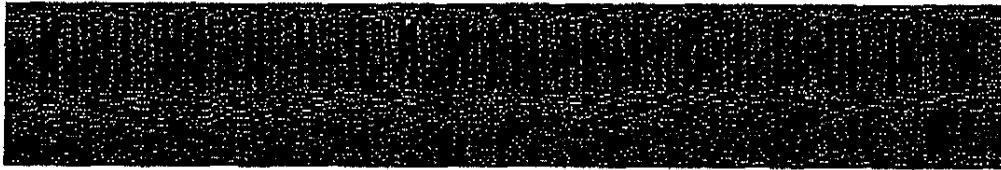
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P15000003404

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

15 JAN 13 AM 11:51

APPROVED
AND
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**FLORIDA PROFIT/NON PROFIT CORPORATION
305 CELLULAR SWEETWATER, INC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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1/14

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

15 JAN 13 AM 11:51

ARTICLE I NAME 305 CELLULAR SWEETWATER, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

10720 WEST FLAGLER STREET SUITE 8
SWEETWATER, FL 33174

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES 200 SHARES (TWO HUNDRED) PAR VALUE \$1.00
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VALERIE MARTINEZ, PD Name and Title:

Address 10720 NW 66th STREET APT 512 Address:
DORAL, FL 331378

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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15 JAN 13 AM 11:51 (cont.)

| | | | |
|-----------------|-------|-----------------|--|
| Name and Title: | _____ | Name and Title: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Address | _____ | Address: | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: VALERIE MARTINEZ
Address: 10720 NW 66th STREET APT 512
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VALERIE MARTINEZ
Address: 10720 NW 66th STREET APT 512
DORAL, FL 33178

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


Required Signature/Registered Agent

01/11/2015
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.


Required Signature/Incorporator

01/11/2015
Date