Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000009874 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146

Phone :

; (305)444-4994

Fax Number

: (305)444-4977

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

45	Email	Address:	 	 	 	_
4(2)					 	
r 125						

5 JAN 13 AM II: 56

FLORIDA PROFIT/NON PROFIT CORPORATION 305 CELLULAR WESTCHESTER, INC

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

JAN 1 42015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

FAX No.

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

TICLE I NAT name of the corpora						
	NCIPAL OFFICE Principal street address		Mailing addres	ss, if differe	nt is:	
241 SW 40	th STREET			1-12		
AMI, FL 33	165		· <u></u>			
·						,
ICLE III PUR	POSE TO TRAN	ISACT ANV		A1A/E1 II J	BHE	1NIE
purpose for which	the corporation is organized is: TO TRAN					HNE
					_	
				Ž _{ý:}	<u> </u>	
					JA P	7,-5
				SVI	- - - 3	73,000
				- A2		
				CT1	_	4
				m Ch	3	
TICLE IV SHA	IRES 200 SHARES (TWO HUNDRED) PAR VALUE	: e 1 00		OF ST/	AM II:	C
TICLE IV SHA	IRES 200 SHARES (TWO HUNDRED) PAR VALUE	51.00		OF STATE	AM 11: 27	C
number of shares of	stock is:			OF STATE E. FLORIDA	AM 11: 27	C
number of shares of	stock is:	<u>s</u>		OF STATE E, FLORIDA	AM 11: 27	C
number of shares of TICLE V INT Name and Title	TIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ, PD	S Name and Title	:	OF STATE E, FLORIDA	AH 11: 27	
number of shares of	FIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ, PD 10720 NW 66th STREET APT 512	S. Name and Title	:	E, FLORIDA	AM 11: 27	
number of shares of TICLE V INT Name and Title	TIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ, PD	S Name and Title	:	OF STATE E, FLORIDA	AH 11: 27	
number of shares of TICLE V INT Name and Title	FIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ, PD 10720 NW 66th STREET APT 512	S Name and Title	:	OF STATE E, FLORIDA	AH 11: 27	
number of shares of TICLE V INT Name and Title Address	FIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ. PD 10720 NW 66th STREET APT 512 DORAL, FL 331378	S Name and Title Address:				
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ. PD 10720 NW 66th STREET APT 512 DORAL, FL 331378	S Name and Title Address: Name and Title	:			
number of shares of TICLE V INT Name and Title Address	FIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ. PD 10720 NW 66th STREET APT 512 DORAL, FL 331378	S Name and Title Address: Name and Title				
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ. PD 10720 NW 66th STREET APT 512 DORAL, FL 331378	S Name and Title Address: Name and Title Name and Title	:			
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ. PD 10720 NW 66th STREET APT 512 DORAL, FL 331378	S Name and Title Address: Name and Title Name and Title	:			
Name and Title Name and Title Address Address	TIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ. PD 10720 NW 66th STREET APT 512 DORAL, FL 331378	S Name and Title Address: Name and Title Address:				
Name and Title: Name and Title: Address	TIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ. PD 10720 NW 66th STREET APT 512 DORAL, FL 331378	S Name and Title Address: Name and Title Address:				
Name and Title Name and Title Address Address	TIAL OFFICERS AND/OR DIRECTOR VALERIE MARTINEZ. PD 10720 NW 66th STREET APT 512 DORAL, FL 331378	S Name and Title Address: Name and Title Address: Name and Title				

(conti.)

Name :	and Title:	Name and Title:
Addre	\$s	Address:
ARTICLE VI The <u>name and</u> Name:	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of VALERIE MARTINEZ	the registered agent is:
Address:	10720 NW 66th STREET APT 512	
	DORAL, FL 33178	
ARTICLE VI The <u>name</u> and	I INCORPORATOR address of the Incorporator is:	
Name:	VALERIE MARTINEZ	
Address:	10720 NW 66th STREET APT512	
	DORAL, FL 33178	
Having been n this certificate, .	amed as registered agent to accept service of process I am familiar with and accept the appointment as regi	for the above stated corporation at the place designated l stered agent and agree to act in this capacity 01/11/2015
	Required Signature/Registered Agent	Date
submit this do locument to the	ocument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	OVI	01/11/2015
	Required Signature/Incorporator	Date