

JAN/14/2015/WED 11:51 AM

Doc No.

Division of Corporations

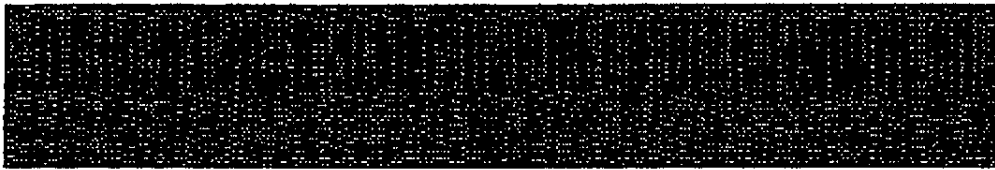
Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**305 CELLULAR LITTLE HABANA, INC**

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

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15 JAN 14 AM 11:21  
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JAN 1 5 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

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: 305 CELLULAR LITTLE HABANA, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1221 W FLAGLER STREET  
MIAMI, FL 33135

**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 33178

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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P. 003

(cont.)

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:

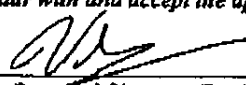
Name: VALERIE MARTINEZ  
Address: 10720 NW 66th STREET APT 512  
DORAL, FL 33178

**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	<u>01/11/2015</u> _____ Date
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*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	<u>01/11/2015</u> _____ Date
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