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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.
Account Number : I20160000091
Phone : (305)635-9694
Fax Number : (305)635-9868

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

Email Address: JJservigarc@yahoo.com

18 APR -5 AM 8:44
FILED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
HENNY ANN MARIE SERVICES CORP**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

RECEIVED
2018 APR -5 PM 4:34
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

H180001085353

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: Henny Ann Marie Services Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1523 Nw 32nd st
Miami, FL 33142.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: House Keeping

FILED
18 APR -5 AM 9:44
MIRAMONTE COUNTY
MIAMI FL 33139

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P. Alicia D. Euceda. Name and Title: _____

Address 1523 Nw 32nd st Address: _____
Miami, FL 33142 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Alicia D Euceda

Address: 1523 NW 32nd St
Miami, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alicia D. Euceda

Address: 1523 NW 32nd St
Miami, FL 33142

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

Alicia D. Euceda
 Required Signature/Registered Agent

04/04/2018
 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.

Alicia D. Euceda
 Required Signature/Incorporator

04/04/2018
 Date

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