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Division of Corporations
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To: Division of Corporations
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From: Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION
SEMINACA CORP

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JUN 18 2019

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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: SEMINACA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

2121 N BAYSHORE DR

APT 1202

MIAMI, FL 33137

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EXPORT AND IMPORT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GREGORIO MENDEZ (P)

Address: 2121 N BAYSHORE DR

APT 1202

MIAMI, FL 33137

Name and Title: JOSE OCTAVIO PEREZ (VP)

Address: 2121 N BAYSHORE DR

APT 1202

MIAMI, FL 33137

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

19 JUN 19 PM 12:03

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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: CARLOS DI BLASI
 Address: 2121 N BAYSHORE DR APT 1202
MIAMI, FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GREGORIO MENDEZ
 Address: 2121 N BAYSHORE DR APT 1202
MIAMI, FL 33137

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/17/2019 (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

Carlos Di Blas _____ Date: 06/17/2019
 Required Signature/Registered Agent

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.

[Signature] _____ Date: 06/17/2019
 Required Signature/Incorporator

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