

**P18000031512**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H18000108535 3)))



H180001085353ABC+

**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 : 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  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**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 stMiami, FL 33142.**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: House Keeping**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: \_\_\_\_\_

H180001085353

H 18000 108 5353

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

H 18000 108 5353