

P01000093353

Transmittal Letter

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

800004587928--7
-09/14/01--01006--001
****131.25 *****87.50

SUBJECT: _____

(SERVINEX corp.)

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing fee
& Certified Copy

☒ \$131.25
Filing fee,
Certified Copy,
& Certificate

Additional Copy Required

FROM: _____

Juan de la Cruz Olavarria

Name (printed or typed)

3260 E. Palm Dr. (Boynton Bch.)

Address

Boynton Bch., FL 33435

City, State & Zip

(561) 704-6171

Daytime Telephone Number

Note: Please provide the original and one copy of the articles.

1W01-21487

01 SEP 24 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. Burch

SEP 25 2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 17, 2001

JUAN DE LA CRUZ OLAVARRIA
3260 E. PALM DR
BOYNTON BCH, FL 33435

SUBJECT: SERVINEX CORP
Ref. Number: W01000021487

We have received your document for SERVINEX CORP and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 401A00051878

FILED
01 SEP 24 AM 9:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Articles of Incorporation

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

SERVINEX CORP.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Principal place: 3260 E. Palm dr. B. Bch. FL. 33435

Mailing address: P.O. Box 6512 LK. WORTH, FL.
33466-6512

ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000 common stock \$0.01 par value p.s.

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Juan de la Cruz Olavarria
3260 E. Palm dr. Boynton Bch. FL.
33435

ARTICLE V: INCORPORATOR(S)

See instructions for officers/directors.

The name(s) and street addresses of the incorporator(s) to these Articles of Incorporation is (are):

Juan de la Cruz Olavarria (Pres.)
(A) Frank Martinez (Vice Pres.)
EDWARD Olavarria (Sec.)

(A) 4319 South Landar dr.
Lake worth., FL. 33463

FLORIDA STATE COMPLIANCE

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9 day of 10, 1901.

(An additional article must be added if an effective date is requested.)

Juan de la Cruz Guerra
Signature

Frank Martinez
Signature

Edward Duran
Signature

Notarization is not required.

Note: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Filing Fee \$70.00

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

SERVINEX corp.

2. The name and address of the registered agent and office is:

Juan de la Cruz Olavarria

3260 E. Palm dr.

Boynton Bch. FL 33435

Signature:

Juan de la Cruz Olavarria

Title:

president

Date:

9/21/01

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature:

J. Olavarria

Date:

9/21/01

FILED
01 SEP 24 AM 9:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA