

PO 7000 11 0651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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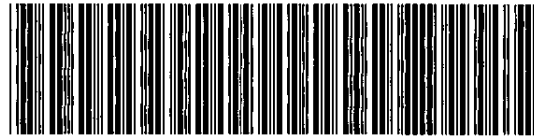
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 OCT 23 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

for

COVER LETTER

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

SUBJECT: Cellular Trust Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Maria Jose Perez Millan

Name (Printed or typed)

610 NE 27th. Avenue

Address

Hallandale, FL 33009

City, State & Zip

(954) 391-7279

Daytime Telephone number

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

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:

Cellular Trust Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

610 NE 27th. Avenue Hallandale, FL. 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Maria Jose Perez Millan

610 NE 27th. Avenue Hallandale, FL. 33009

President

Gabriel Santini

610 NE 27th. Avenue Hallandale, FL. 33009

Vice President

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Maria Jose Perez Millan
610 NE 27th. Avenue Hallandale, FL. 33009
President

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria Jose Perez Millan
610 NE 27th. Avenue Hallandale, FL. 33009
President

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

Signature/Registered Agent

Date

10/19/2007

Signature/Incorporator

Date

10/19/2007

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA