P10000103663

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business chuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

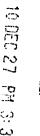
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SECRETARY OF STATE





COVER LETTER

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

SUBJECT: Cell For Less 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	SUBJECT: Cell For Less -	Inc.
Filing Fee Filing Fee & Certificate of Status From: From	(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
& Certificate of Status & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Maria E. Ruiz Name (Printed or typed) 10430 S.W. 145 Ame Address Address Diam: Florida 33186 City, State & Zip (30s) - 595-2407 Daytime Telephone number	Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
FROM: Maria E. Ruiz Name (Printed or typed) 10430 S.W. 145 Are Address Address Miami: Florida 33186 City, State & Zip (305) - 595-2407 Daytime Telephone number	\$70.00 Filing Fee & Certificate of Status	Filing Fee, & Certified Copy Certified Copy & Certificate of Status
Address Address Address Miami Florida 33186 City, State & Zip (30s) - 595-2407 Daytime Telephone number		ADDITIONAL COPY REQUIRED
City, State & Zip (30s) - 595-2407 Daytime Telephone number	FROM: Maria E. Nam	Ruiz le (Printed or typed)
City, State & Zip (30s) - 595-2407 Daytime Telephone number	10430	S.W. 145 Ave
(30s) - 595-2407 Daytime Telephone number		
	City	y, State & Zip
	(305)	- 595-2407
mariaquire 9chotmail.com	·	·
E-mail address: (to be fised for future annual report notification)	mariag E-mail address: (to be is	ed for future annual report notification)

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

AT ALLE

10 DEC 27 PH 3: 34

SECHETARY OF STATE TALLAHASSEE, FLORIDA

December 5, 2010

Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: P09000049996

CELL FOR LESS INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me at 305 388-9995.

Sincerely,

ROBERTO CAJIGAS



December 14, 2010

MARIA E. RUIZ 10430 S.W. 145 AVE MIAMI, FL 33186

SUBJECT: CELL FOR LESS INC. Ref. Number: W10000057811

We have received your document for CELL FOR LESS INC. and your check(s) totaling \$70.00. 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.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 410A00028943



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Cell For E	less Ind. 10 DEC 27 PM 3: 34
ARTICLE II PRINCIPAL OFFICE	_SECHERARY OF STATE
Principal street address	Mailing address, Thursten Signer. FLORIDA
West Palm Beach FL 33 tos	
	miami FL 33186
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all Lawful business	
Please and the IDo 4 27-033 ARTICLE IV SHARES The number of shares of stock is: 100 e 11.00	
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS
Name and Title: Roberto Cajigas,	Presides Name and Title:
Address: 6107 5. Direc Hay Su West Pala Brack FL	Z 374 Address:
	A Lorent
Name and Title:Address:	Name and Title:
Address.	Address:
1001	· No Lord
Name and Title: Address:	Name and Title:
Address.	Address:
The name and Florida street address (P.O. Box NOT a	occantable) of the revistared agent is:
	acceptable) of the registered agent is.
Address: 10430 5. W. 145 Av	<u> </u>
druiam. p. 33186	
4	
The name and address of the Incorporator is:	
Name: Roberto Carioss	
Address: 6107 5 Bige How	4 Suite 3 + 4
Name: Roberto Casigas Address: 6107 5 Bixe How Neot Palm Bush, B	33405
Having been named as registered agent to accept serv	ice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity
Onl.	Izlalı.
Required Signature/Registers	ed Agent Date
	ed herein are true. I am aware that the false information submitted in a
document to the Dep artment of State constitutes à third	degree felony as provided for in s.817.155, F.S.
216	12/2/
Required Signature/Incorp	12/9// ₈
V - Kequired Signature/Incorp	iorator Date