

P13000011431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

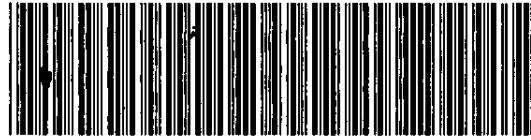
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/04/13--01060--021 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB -4 PM 1:20

Ps 2/5/13

COVER LETTER

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

SUBJECT: Easy Mobile Specialist

(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: Easy Mobile Specialist

Name (Printed or typed)

7101 East Colonial Drive

Address

Orlando FL 32807

City, State & Zip

813-474-8894

Daytime Telephone number

WILBERAIMAGUER@Gmail.COM

E-mail address: (to be used for future annual report notification)

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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Easy Mobile Specialist Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

7101 east colonial drive
orlando fl 32807

Mailing address, if different is:

3117 south semoran blvd
apart 330
orlando fl 32822

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the purpose of sale and repair
of cellulars and small electronic equipment.

ARTICLE IV SHARES 10,000

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: president

Address

Name and Title: wilber almaguer

Address:

3117 south semoran blvd
apart 330
orlando fl 32822

Name and Title: Vice President

Address

Name and Title: aris samaniego

Address:

3117 south semoran blvd
apart 330
orlando fl 32822

Name and Title:

Address

Name and Title:

Address:

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: wilber almaguer

Address: 3117 south semoran blvd apt 330

orlando fl 32822

ARTICLE VII INCORPORATOR

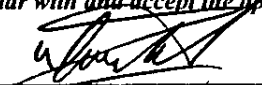
The name and address of the Incorporator is:

Name: wilber almaguer

Address: 3117 south semoran blvd apt 330

orlando fl 32822

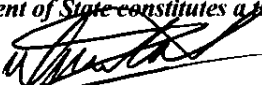
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

1/29/2013

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.


Required Signature/Incorporator

1/29/2013
Date