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COVER LETTER

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

SUBJECT: DM	16 Cellular in	7C.	·
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	dacheck for:
S70.00 Filing Fee	-	S78.75 Filing Fee	S87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	David M. R	U dol ph e (Printed or typed)	<u></u>
	6101 NW 64	th Lane Address	
_	Tamarac F	State & Zip	
***	C154-881-824 Daytime 1	L-{ }	AND AND SHAFE AND
	Dayning	rejebriorie rigitibei.	

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

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

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

The name of the como	AME ration shall be: DMR	cellul	ar Inc			ယ် O emp
	UNCIPAL OFFICE Principal street address			Mailing address,	if different i	CT 2]
4101 NV	V 54th Lar	ne.		-	194-11 2015	3 [[]
Tamak	2ac, FL 3331	_			200 m	ස 3
	RPOSE of the corporation is organized of ClistRibute			Cellp		
	IARES OFSTOCK IS: ITIAL OFFICERS AND/O IE: David Ru U101 NW Tamarac	idolph (54th c	N 0	le :		
Nanæ and Titl Address	le:			e :		
	le :			ie :		
Address			Address:	Audition with the state of the		

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT Name: Name: ON NOT RUCOL RUCOL Address: ON NOT RUCOL RUCOL ARTICLE VII INCORPORATOR	ph_ Lane	13 OCT 21 AM 8: 39 SECRETARY OF STATE SALI ANASSEE, FLORIB
The name and address of the Incorporator is:		بير 13. (م
Name: David Rudo	•	
Address: (010) NW 54? Tamarac, FL		
Having been named as registered agent to accept servities certificate. I am familiar with and accept the appoi		
Dawtan		10-18-13
Required Signature/Register	ed Ageni	Date
I submit this document and affirm that the facts state document to the Department of State constitutes a third		
Required Signanire/Incom	porator	10-18-13 Date