

JAN/13/2015/TUE 11:44 AM

FAX No

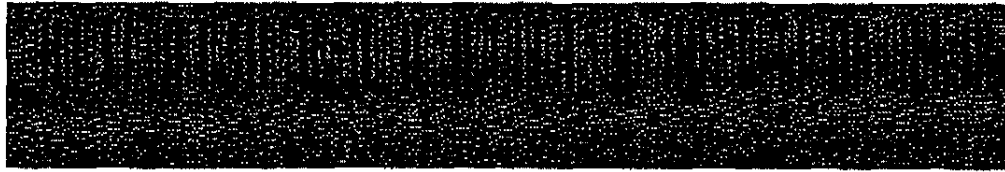
P. 010

P/15000003410

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000009877 3)))



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Division of Corporations
Fax Number : (850)617-6381

From:

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
305 CELLULAR WEST MIAMI, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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P. 011

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:

305 CELLULAR WEST MIAMI, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

976 SW 67th AVENUE

MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

200 SHARES (TWO HUNDRED) PAR VALUE \$1.00

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **VALERIE MARTINEZ. PD**

Name and Title:

Address

10720 NW 66th STREET APT 512

Address:

DORAL, FL 331378

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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P. 012

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

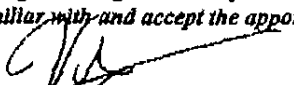
Name: VALERIE MARTINEZ
Address: 10720 NW 66th STREET APT 512
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VALERIE MARTINEZ
Address: 10720 NW 66th STREET APT 512
DORAL, FL 33178

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

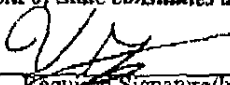


Required Signature/Registered Agent

01/11/2015

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

01/11/2015

Date

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