r	Florida Department of State Division of Corporations Electronic Filing Cover Sheet
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15 JUL 21 PH 2:46	To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
	Email Address:
r	FLORIDA PROFIT/NON PROFIT CORPORATION WIRELESS CITY, INC
r	in the second

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	In compliance with Chapter 607 a		.S (Profit)		
ARTICLE I NAME The name of the corpora	WIRELESS CITY, IN	С.			
-	CIPAL OFFICE Principal street address		Mailing address, if	different is	:
2751 TAFT STREET	<u>APT 411</u>	<u>2751 TAF</u>	T STREET APT	411	
HOLLYWOOD FL	. 33020	HOLLYV	VOOD FL. 330	20	
ARTICLE III PURP					
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STATE OF FLORIDA					
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The number of shares of ARTICLE V INITI	f stock is: 100 (ONE HONDICE) AL OFFICERS AND/OR DIRECTORS  e: MARIA I. FLETCHER - P - (85)	%) Name and Title			
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Name and Title	 I	Name and T	Tide	
Address	 ·	Address:		
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	 			- <b>1958</b> 1979

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

Name:	MARIA I. FLETCHER			
Address	2751 TAFT STREET APT 411			
	HOLLYWOOD FL. 33020			

## ABTICLE VII INCORPORATOR

the name and a	idness of the Incorporator is:
Name	Maria I. Fletcher
Address	2751 Taft street Apt 411
	Hollywood, FL 33020

<u>ARTICLE VIII EFFECTIVE DATE:</u> Effective date, if other than the date of filing: . (OPTIONAL) 

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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

Perio Frence Flat ber	07/16/2015
- Required Signature/Registered Agent	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.

Ignature/Incorporator

COKP USA

07/16/2015 Date

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