

P16000080902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

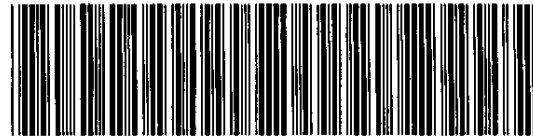
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2016 OCT -4 PM 4:53  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

V HERRING  
OCT - 5 2016

## COVER LETTER

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

**SUBJECT:** CELL IT FLORIDA, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                 & Certificate of  
                                 Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Natassia Elias

\_\_\_\_\_  
Name (Printed or typed)

11560 NW 50 Terrace

\_\_\_\_\_  
Address

Doral, Fl. 33178

\_\_\_\_\_  
City, State & Zip

305-582-6902

\_\_\_\_\_  
Daytime Telephone number

cellitfl@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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**ARTICLE I NAME**

The name of the corporation shall be: CELL IT FLORIDA, INC

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11560 NW 50 Terrace

Doral, Fl. 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to resell cellular phones and its accessories

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NATASSIA ELIAS, PRESIDENT, TRE

Name and Title: \_\_\_\_\_

Address 11560 NW 50 TERRACE

Address: \_\_\_\_\_

DORAL, FL 33178

Name and Title: DONNY ELIAS, VICE PRESIDENT, SEC

Name and Title: \_\_\_\_\_

Address 11570 NW 83RD

Address: \_\_\_\_\_

DORAL, FL 33178

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_ 2016 OCT -4 PM 4:53

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

39

**ARTICLE VI REGISTERED AGENT**

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

Name: NATASSIA ELIAS

Address: 11560 NW 50 TERRACE

DORAL, FL. 33178

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: NATASSIA ELIAS

Address: 11560 NW 50TH TERRACE

DORAL, FL 33178

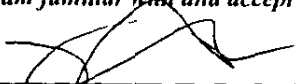
**ARTICLE VIII EFFECTIVE DATE:** 9/30/16

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*

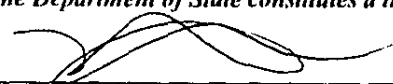


\_\_\_\_\_  
Required Signature/Registered Agent

9/29/16

\_\_\_\_\_  
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

\_\_\_\_\_  
Date