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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.
Account Number : I20160000091
Phone : (305)635-9694
Fax Number : (305)635-9868

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

Email Address: jj.servicer@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
TEAMS MOTORS CORP

Certificate of Status	1
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W17-83777

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall

Teams Motors CorpARTICLE II -PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

653 NW 28 StMiami, FL 33127ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful businessARTICLE IV SHARES

The number of shares of stock is:

100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

P. Felix Rivera Sanchez

Name and Title:

Address

2155 NW 26 TH ST

Address:

Apt RearMiami, FL 33142

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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

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

Name: Felix Rivera Sanchez
Address: 2155 NW 26th St Apt. Rear
Miami, FL 33142

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Felix Rivera Sanchez
Address: 2155 NW 26th St Apt. Rear
Miami, FL 33142

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

Felix Rivera Sanchez
Required Signature/Registered Agent

10/13/17
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.

Felix Rivera Sanchez
Required Signature/Incorporator

10/13/17
Date

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