

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.serviger@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION

EBEN-EZER CHUN Corp

Certificate of Status	1
Certified Copy	0
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SUBMITTING DOCUMENTS
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Eben - Ezer Chun Corp.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

560 Nw 83rd St

Mailing address, if different is:

Miami, FL 33150**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Pres. Robin Orlando

Name and Title:

Address

Vicente Chun

Address:

560 Nw 83rd StMiami, FL 33150

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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:

Robin Orlando Vicente Chun

Address:

560 Nw 83rd StMiami, FL 33150**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

Robin Orlando Vicente Chun.

Address:

560 Nw 83rd StMiami, FL 33150**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

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.

Required Signature/Incorporator_____
Date

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