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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Number : 120160000091

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.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION LAS HERMANAS RESTAURANT CORP

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Corporate Filing Menu

Help

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

The name of the corporation shall be: 25 Herman	as Bestaurant Caro
ARTICLE II PRINCIPAL OFFICE  Principal street address  48 (25 + Flagler 5)	Mailing address, if different is:
M 34	
Miami, FL 33131  ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:    Description   Description	and all lawful
	18
ARTICLE IV SHARES The number of shares of stock is:	18 MAR -7
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	ATI I
Name and Title: Pycober O Garcia No.	ame and Title:
Address 3640 NW 22 NO CT	ddress:
Mismi, FL 33142	
Name and Title: V. Dikis Especanza Na Address Herrers	me and Title:
4:5mi, FL 33130	
Name and Title: COO. Rosa Adelina Na.	me and Title:
Address Ad	dress:
Mismi, FL 33147	

Name an	d Title:	Name and Title:
Address		Address:
,		
	<i>*</i>	
ARTICLE VI	REGISTERED AGENT	
The name and Fi	orida street address (P.O. Box NOT acceptable) of	The registered was a line
Name:	Yedber O. Garcia 6	Overrero
Address:	3640 NW 22ND CT	
	Mismi, FL 33142	
ARTICLE VII	NCORPORATOR	
The name and add	dress of the Incorporator is:	
Name:	Boss Adelins Guerr	rero Rios
Address:	3640 NW 22ND CT	•
٠,	Mismi, FC 33142	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date if a	chantha at a cons	(OPTIONAL)
filing.)	te is fisted, the date must be specific and connot	be more than five days prior or 90 days after the
Note: If the date in the document's effe	nserted in this block does not meet the applicable st active date on the Department of State's records.	atutory filing requirements, this date will not be listed as
Having been name this certificate, I an	d as registered agent to accept service of process for familiar with and accept the appointment as regis	or the above stated corporation at the place designated in
- til S		, !
- Justin	Required Signature/Registered Agent	
I cahmio dii a	<del>-</del>	Date
document to the De	nent and affirm that the facts stated herein are tro partment of State constitutes a third degree felony t	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
Require	Signature/Incorporator	03/05/18
•		Date