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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: jjservigeo@gmail.com

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FLORIDA PROFIT/NON PROFIT CORPORATION
ADONAY MULTISERVICES CORP

Certificate of Status	1
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Page Count	01
Estimated Charge	$78.75

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H18000094743

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Adonay Multiservices Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

3644 NW 20 cort

Miami, FL 33142

Mailing address, if different is:

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: P. Sairi D. Avila Munguia

Address 3644 NW 20TH CT

Miami, FL 33142

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Name and Title:

Address

Name and Title:

Name and Title:

Address

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H18000099 4743

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Soici D. Avila Munguia

Address: 3644 NW 20th Ct

Miami, FL 33142

ARTICLE VII INCORPORATOR

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

Name: Soici D Avila Munguia

Address: 3644 NW 20th Ct

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.

_____ 03/28/18

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.

_____ 03/28/18

Required Signature/Incorporator Date