Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Number : I2016000091 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 RODRIGUEZ FLOORING SOLUTION CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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APR 2 3 2018

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Help

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: Fodge	vez Flooring Solution Corp.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
855 W 71 St Hislash, FL 33014	
, , , , , , , , , , , , , , , , , , , ,	Any and all lawful business
ARTICLE IV SHARES The number of shares of stock is:	18 APR 23
ARTICLE V INITIAL OFFICERS AND/OR DIRI  Name and Title: P. Brenda Liliari	<u>ectors</u>
Address <u>Badrique 2 Torre</u> 855 W 71.5t	Address:
Name and Title:	3014 Name and Title:
· Address	Address:
· · · · · · · · · · · · · · · · · · ·	
Name and Title:	Name and Title:
Address	Address:

Name and	Title:	Name and Title:
Address		
APTICLE La		
The name and Flor	EGISTERED AGENT ida street address (P.O. Box NOT acceptable) of t	the registered agent is:
Name:	Brenda Liliana Rodrigues To	Torrez
Address:	855 W 71 St	
-	Hislesh, Fl. 33014	
ARTICI,E VII IN	CORPORATOR	
The name and addr	ess of the Incorporator is:	
Name:	Brends Liliana Bodriques	Torrez
Address:	Brends Lilians Rodrigues 855 W 71 St	
	History, F1 3,3014	·
ARTICLE VIJI EF	FECTIVE DATE:	
Effective date, if other	or than the date of City	
Note: If the date inse	•	ntutory filing requirements, this date will not be listed as
Having been named this certificate, I am for	os registered agent to accept service of process for amiliar with and accept the appointment as registe	r the above stated corporation at the place designated it
	flod3	The agent and agree to act in this capacity
I culting the r.	Required Signature/Registered Agent	<u>0412118</u> Date
document to the Depart	nt and affirm that the facts stated herein are true rtment of State constitutes a third degree felony as	e. I am aware that the false information submitted in a sprovided for in x 817 155 F.S.
<u>.</u> :	1800 23	5 - 1 - 1 - 1 - 1 - 1
<u>Kequirede</u>	gnature/incorporator	
Q	1	en e
Draw	ida Liliana Rodrigue	ct Torraz
		en e
Samuel March 1999		10.