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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.servicen@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
D' GIO GENERAL SERVICES CORP

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

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TALLAHASSEE, FLORIDA

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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: D' GIO GENERAL SERVICES CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

30430 SW 187TH CT

HOMESTEAD, FL 33030-0000

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. JOVANI FALFAN

Name and Title:

Address 30430 SW 187TH CT

Address:

HOMESTEAD, FL 33030-0000

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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

Name: JOVANI FALFAN

Address: 30430 SW 187TH CT

HOMESTEAD FL 33030-0000

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JOVANI FALFAN

Address: 30430 SW 187TH CT

HOMESTEAD, FL 33030-0000


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

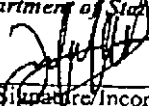


Required Signature/Registered Agent

04/24/2018

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

04/24/2018

Date

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