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 : 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.

FLORIDA PROFIT/NON PROFIT CORPORATION JRC MILLWORK SERVICES CORP

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Electronic Filing Menu

Corporate Filing Menu

Help

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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:	Millwork :	Services Corp.	•
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:		
1959 NW 46 St			
Mismi, FL 33142			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Any and a	Il butul hasin	C5.5
			·
			78
ARTICLE IV SHARES The number of shares of stock is: ////			SOLVED TO SOLVED
Name and Title: P. Julio R Cruz	Name and Title:	PM 2:44	PATE ORATION
Address 1959 NW 465f Mismi FZ 33142	Address:		
	-		
Name and Title:		<u> </u>	
Address	Address:		
	<u>-</u>		
Name and Title:	Name and Title:		
Address	•	<u> </u>	·
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Name and	Title:	Name and Title:	
Address		Address;	
ARTICLE VI RI	EGISTERED AGENT rida street address (P.O. Box NOT acceptab	le) of the rugistered agent is:	
Name:	Julia R Cruz		
Address:	1959 Na1 46 St		
	Miami, FL 33142		
ARTICLE VII IN	<u>ICORPORATOR</u>		· · · · · ·
The <u>name and add</u>	ress of the Incorporator is:		
Name:	Julio R. Cruz	<u> </u>	
Address:	1959 NW 46 St		
	Mismi, F/ 33142	_	
ARTICLE VIII E	FFECTIVE DATE:		
Effective date, if ou If an effective dat iling.)	ner than the date of filing: e is listed, the date must be specific and ca	nnot be more than five days p) rior or 90 days after the
Note: If the date in the document's offer	serted in this block does not meet the applicative date on the Department of State's recor	able statutory filing requirements ds.	s, this date will not be listed as
laving been numed his certificate, I am	l as registered agent to account service of pro familiar with and accept the appointment of	cess for the above stated corpor	ation at the place designated in
	Samiliar with and accept the appointment as	registered agent and agree to a	ci in this capacity
	Required Signature/Registered Agent		
submit this docum locument to the Dep	ent and affirm that the facts stated herein partment of State continues a third degree for	are true. I am aware that the fo clony as provided for in s.817.15	dse information submitted in a 5, F.S.
	Vik I KAI JAI		pelulio
Required	Signature Incorporate		Date
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