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Division of Corporations

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From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Number : I20160000091 Phone : (305)635-9694 Fax Number : (305)635-9868

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FLORIDA PROFIT/NON PROFIT CORPORATION SUPER MEGACUTZ CORP

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

	1	Megacutz	
ARTICLE II PRIN	Principal <u>street</u> address	٨	failing address, if different is:
3485 NE	17th Avenue	1949	9 NE 10th Ave
	33/42	Mian	, FL 33179
ARTICLE III PURP The purpose for which	the corporation is organized is:	ny and all	lawful business
			·
.•	•		
,	of stock is: 100		
ARTICLE V INITI	Me (P) Two Poblo Rivero 19499 NE 10th Ave	Address:	19499 NE 10th Ave
ARTICLE V INITI	de (P) Tun Pablo Bivero	Address:	
ARTICLE V INITI Name and Tit Address	ME (P) Two Poblo Bivero 19499 NE 10th Auc Miami FL 33179	Address:	19499 NE 10th Ave
ARTICLE V INITI Name and Tit Address	ME (P) Two Poblo Bivero 19499 NE 10th Auc Miami FL 33179	Address: Name and Title:	19499 NE 10th Ave Mismi, FL 33179
Name and Tite Address Name and Tite	ine (P) Two Poblo Bivero 19499 NE 10th Auc Miami FL 33179	Address: Name and Title:	19499 NE 10th Ave Miami, Fl. 33179
Name and Titl Address Name and Titl Address	ine (P) Two Poblo Bivero 19499 NE 10th Auc Miami FL 33179	Address: Name and Title: Address:	19499 NE 10th Ave Mizmi, FL 33179

Mymat Made to the Maria

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		•	
Name and	d Title:	Name and Title:	
Address		Address:	
			
ARTICLE VI	REGISTERED AGENT		
ine name and #1	orida street address (P.O. Box NOT acceptable		
Name:	Juan Pablo Rivero	_	٠.
Address:	19499 NE 10th Ave		
	Mism, FL 33179	<u></u>	
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:	,	
Name:	Juso Poblo Rivero	<u> </u>	
Address:	19499 NE 10th Ave		
	Mismi, FL 33179		
Effective date if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and can	not be more than five days p) rior or 90 days after the
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Having been nam this certificate, I a	ned as registered agent to accept service of proc on Japilliar with and accept the appointment as	ess for the above stated corpor registered agent and agree to a	ation at the place designated in ct in this capacity
		·	5)4/10/2018
A light	Required Signature/Registered Agent	· . · · · · · · · · · · · · · · · · · ·	Date
submit this docu locument to the D	ment and affirm that the facts stated herein a epartment of State constitutes a third degree fel	re true. I am aware that the fi ony as provided for in \$.817.15	ulse information submitted in a S, F.S.
Requir	ed Signature/Incorporator		04/10/2018
i are established			Date
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ting to the second			to the second subsequence