

09-22-18;1
9/22/2018

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Florida Department of State
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.****

Email Address: jjservicell@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
FONSECA SERVICES CORP**

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

N. SAMS
SEP 25 2018

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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:

Fonseca Services Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5090 Palm AvenueMialeah FL 33012**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. Roberto Fonseca Ledesma

Name and Title:

Address

5090 Palm Avenue

Address:

Mialeah FL 33012

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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

Name: Roberto Fonseca Ledesma
Address: 5090 Palm Avenue
Hialeah FL 33012

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Roberto Fonseca Ledesma
Address: 5090 Palm Avenue
Hialeah FL 33012

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

09/22/18
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

09/22/18
Date

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