H19000004347

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000015573 3)))

H190000155733ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

19 JAN 14 PM 3:01

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jjservigcl@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
PRINT DEPOT RESTAURANTS

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

N. SAMS
JAN 15 2019

Electronic Filing Menu   Corporate Filing Menu   Help

H19000155733

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: Print Depot Restaurants Corp.

ARTICLE II PRINCIPAL OFFICE
Principal street address

1805 SW 8 ST
Miami FL 33135

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Advertising

ARTICLE IV SHARES
The number of shares of stock is: 100.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAYTE R. HATTEI
Address: 1805 SW 8 ST
Miami FL 33129

Name and Title: President
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

H19000155733

H19000015S733

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HAYTE R. MATTEI

Address: 1805 SW 8 ST

Miami FL 33135

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

Name: HAYTE R MATTEI

Address: 1805 SW 8 ST

Miami FL 33135

RTICLE VI EFFECTIVE DATE:

fective date if other than the date of filing: _____. (OPTIONAL)

an effecti date is listed, the date must be specific and cannot be more than five days prior or 90 days after the g.)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.

g been named as registered agent to accept service of process for the above stated corporation at the place designated in wit[illegible]. I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____ 1/14/19

Required Signature/Registered Agent Date

this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a t to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ 1/14/19

Required Signature/Incorporator Date

H19000015S733