

01-10-2019 10:05:00
1/14/2019

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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:

jjseruiger@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

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Corporate Filing Menu

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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:

Print Depot Restaurants Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1805 SW 85
Miami FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Advertising

ARTICLE IV SHARES

Number of shares of stock is:

100⁰⁰

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

MAYTE R. MATTEI

Name and Title:

President

Address:

1805 SW 85
Miami FL 33129

Title:

Name and Title:

Address:

Name and Title:

Address:

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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:

RAYTE R. MATTEI

Address:

1805 SW 8 ST

Miami FL 33135

19 JAN 14 PM 3:01

ARTICLE VI INCORPORATOR

The name and address of the incorporator is:

Name:

RAYTE R. MATTEI

Address:

1805 SW 8 ST

Miami FL 33135

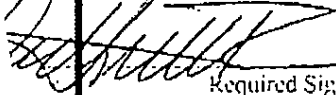
ARTICLE VII EFFECTIVE DATE:

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 date.

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.

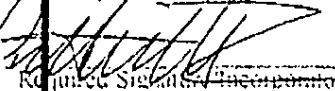
I have been named as registered agent to accept service of process for the above stated corporation at the place designated in this document. I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

1/14/19
Date

I hereby certify that 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

1/14/19
Date

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