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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Name Account Number : I2016000091

Phone Fax Number : (305)635-9694 : (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.\*\*

ocross 45@omail com

## FLORIDA PROFIT/NON PROFIT CORPORATION MOYA MARKETING INC

Certificate of Status	1
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## ARTICLES OF INCORPORATION

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

RTICLE II PRIN	VCIPAL OFFICE Principal street address	Maitte			
14223 SW 62ND ST		Manua	Mailing address, if different is:		
MIAMI FL 33183					
RTICLE III PURI he purpose for which	POSE the corporation is organized is:	ING AND ADVERTISIN	IG		
:					
; ;			19 19		
:			7 50		
RTICLE IV SHAR	ES 100 f stock is:		-6 FH		
Name and Titl	AL OFFICERS AND/OR DIRECTORS  EDUARDO A. MOYA (PRESIDENT)	Name and With	18 06		
Address	14223 SW 62ND ST	Name and Title:  Address:			
	MIAMI FL 33183				
Name and Title		Name and Title:			
Address		<del></del>			
Name and Title:		Name and Title:			
Address					

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Nan	ne and Title:	Name and Title:	
	dress		
:			
: :			
:			
ADTICE TO	7 DECIMENTS		
The name an	TREGISTERED AGENT  nd Florida street address (P.O. Box NOT accep	stable) after and a second	
Name:	EDUARDO A. MOYA	nuole) of the registered agent is:	٠
Address:	14223 SW 62ND ST		
;	MIAMI FL 33183		SIATE
ARTICLE Y	II INCORPORATOR		SEC.
The name an	d address of the Incorporator is:		
Name:	EDUARDO A. MOYA	<del></del>	
Address:	14223 SW 62ND ST		
÷ •	MIAMI FL 33183	<b>o</b>	ř
Effective date	II EFFECTIVE DATE: 06/05/2019  i, if other than the date of filing: 06/05/2019  we date is listed, the date must be specific and	cannot be more than five days prior or 90 days after the	
Note: If the d	late inscrted in this block does not meet the apples of seffective date on the Department of State's rec	ficable statutory filing requirements, this date will not be listed cords.	<b>2</b> 5
Having been r this certificate,	named as registered agent to accept service of p , I am familiar with and accept the appointment	process for the above stated corporation at the place designate.  I go registered agent and agree to act in this capacity	d in
	<u> </u>	06/05/2019	
	Required Signature/Registered Ager	Duic	_
submit this d locument to th	locument and affirm that the facts stated hereiste Department of State constitutes a third degree	n are true. I am aware that the false information submitted it felony as provided for in s.817.155, F.S.	n a
	( )	06/05/2019	
Req	juired Signature/Incorporator	Date	-