



H190002458393ABC6

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To:

Division of Corporations

: (850)617-6381 Fax Number

From:

11

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Number : 120160000091 Phone : (305)635-9694 Fax Number : (385)635-9868

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## FLORIDA PROFIT/NON PROFIT CORPORATION MEJIA MULTISERVICE CORP

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H 190002456393

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

| The name of the corpora | tion shall be: <u>Mejia</u>   | Mollisero         | ice Co.       | rp                          |                |          |               |
|-------------------------|---|-------------------|---------------|-----------------------------|----------------|----------|---------------|
| RTICLE II PRINC         | Principal street address  |                   |               | Mailing address             | s, if differen | t is:    |               |
| 1141 NW 56<br>Miami Fl  | 54  | <del></del>       |               |                             |                |          |               |
| <b>Danie</b>            |   | -<br>Any s        | nd all        | 1.3wful                     | busin          | <u> </u> | <del></del>   |
|                         |   |                   |               |                             | Tages          | <b></b>  | <del>-</del>  |
|                         |   |                   |               |                             | <u> </u>       | G2       |               |
|                         |   |                   |               |                             |                | 2        | <u> </u>      |
| RTICLE IV SHAR          | <u>ES</u><br>stock is: ////   |                   |               | <del></del>                 | ٠.             | 15       | —<br>ç        |
| Name and Title          | LOFFICERS AND/OR DIRECT P. Charles Jouer Ho<br>570 SW 41h St A<br>Miami FL 3313 | 9/13 No<br>10+2 A | ldress:       | VP Fran<br>1141 NW<br>Miami | 56 57          |          | _             |
| Name and Title: Address |   |                   | me and Title: |                             |                |          | <del></del>   |
| Name and Title:         |   |                   |               |                             |                |          | <b>-</b><br>- |
|                         |   |                   |               | 900024                      | s 6393         |          | _             |

## H19000 2456393

| Name an                          | d Title:   | _ Name and Title:   |                            |
|----------------------------------|--|---|----------------------------|
| Address                          |  | Address:  |                            |
|                                  |  |   |                            |
|                                  |  |   |                            |
|                                  |  |   |                            |
| ARTICI F VI                      | REGISTERED AGENT   |   |                            |
| The name and Fi                  | orida street address (P.O. Box NOT acceptable) o   | f the registered agent is:  |                            |
| Name:                            | Charles Tovier Hejis   | <b>.</b>  |                            |
| Address:                         | 570 SW 4/hSI Apt 2   | •   |                            |
|                                  | Hismi FL 33130   | -   | <del>-</del> <del></del>   |
|                                  |  | •   | 9 AUG                      |
| ARTICLE VII                      | INCORPORATOR   |   |                            |
| The name and ad                  | dress of the Incorporator is:  |   | ÿ <b>5</b> =               |
| Name:                            | Charles Tovier Mejis   |   | PH                         |
| Address:                         | 570 SW 4th St Ap/2   |   | (2)<br>E                   |
|                                  | Miami Fl. 33130  |   |                            |
| ARTICLE VIII                     | EFFECTIVE DATE:  |   |                            |
| (If an effective da<br>filing.)  | ther than the date of filing:the is listed, the date must be specific and cannot                                       | be more than five days prior or   | 90 days after the          |
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|                                  |  |   |                            |
| this certificate, I a            | ed as registered agent to accept service of process of forcess of familiar with and accept the appointment as regions. | for the above stated corporation a<br>stered agent and agree to act in th | t the place designated in  |
| _                                |  | 5 ·· · · · · · · · · · · · · · · · · ·                                    | / )                        |
|                                  | Required Signature Registered Agent  |   | 08/17/19<br>Date           |
| I submit this document to the D. | ment and affirm that the facts stated herein are to<br>epartment of State constitutes a third degree follows           | rue. I am aware that the false inf  | Ormation submitted in a    |
|                                  | epartment of State constitutes a third degree felony   | as provided for in s.817.155, F.S.  |                            |
| Require                          | d Signature/Incorporation  |   | 28/17/19                   |
| <b></b>                          | Summa interportation (   |   | Date                       |