

P19000081615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

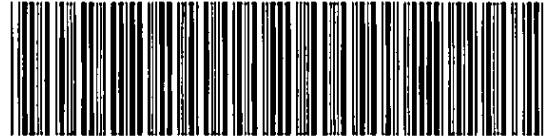
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT 24 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FL

N CULLIGAN

OCT 24 2019

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Cells 2 Go Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Maria Ruiz
Name (Printed or typed)

7750 S.W. 117 Ave Suite 2010
Address

Miami, Florida 33183
City, State & Zip

305-595-2407
Daytime Telephone number

mariaquiroz9@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

October 10, 2019

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

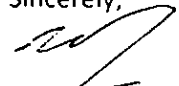
Re: Cells 2 Go Inc

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Johandrys Jimenez

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: Cell/5 2 Go Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

915 N. Dixie Hwy
Lake Worth, FL 33460

7750 S.W. 117 Ave Suite 2010
miami, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all legal purpur
purpose.

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 ea

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yohandry's Jimenez, P Name and Title: _____

Address 105 Pine Circle Apt 105 Address: _____
in Greenacres, FL 33463

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Yohandrys Jimenez
Address: 105 Pine Circle Apt 105
Green Acres, FL 33463

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Yohandrys Jimenez
Address: 105 Pine Circle Apt 105
Green Acres, FL 33463

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/28/19 (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

X [Signature]
Required Signature/Registered Agent

10/15/19
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.

X [Signature]
Required Signature/Incorporator

10/15/19
Date