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Florida Department of State
Division of Corporations
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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
cco painting corp

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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:

Eco Printing Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1647 NE 146th StMiami FL 33181**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business**VOID****ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: P. Ruben Cedillo Cruz

Name and Title: _____

Address

1647 NE 146th St

Address: _____

Miami FL 33181

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

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: Ruben Cedillo Cruz
 Address: 1647 NE 146th St
Miami, FL 33181

VOID**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ruben Cedillo Cruz
 Address: 1647 NE 146th St
Miami FL 33181

ARTICLE VIII 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.)

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*

[Signature]
 Required Signature/Registered Agent

12/02/2019
 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.

[Signature]
 Required Signature/Incorporator

12/02/2019
 Date

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