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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Number : 120160000091 Phone

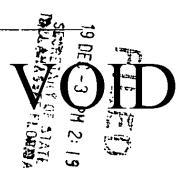
: (305)635-9694 Fax Number : (305)635-9868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION cco painting corp

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H19000 348 2353

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:	Psinting Corp
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
1647 NE 146 /h St	
Mismi FL 33181	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Any and all bushel business
	·
•	
·	- VOID
ARTICLE IV SHARES The number of shares of stock is: 100	VOID
The number of shares of stock is.	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	
	Cros Name and Title:
. Address <u>1647 NE 146th S</u>	* " *
Mismi FL 33	<u> </u>
	<u> </u>
Name and Title:	Name and Title:
Address	Address:
	
Name and Title:	Name and Title:
Address	Address:
 	

H19000 3482353

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 1461h St	-	
Mismi, FC 33181	VOID	
ARTICLE VII INCORPORATOR	VOID	
The name and address of the Incorporator is:		
Name: Ruben Cedillo Cruz		
Address: 1647 NE 146.11 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 canno filing.)	t be more than five days prior or 90 days after the	
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		
	12/02/2018	
Required Signature/Registered Agent	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 \$.817.155, F.S.		
	12/02/2019	
Required Signature/Incorporator	Date	