Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003482353)))



H190003482353ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Number : I20160800091 : (305)635-9694 Phone : (305)635-9868 Fax Number

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

Email Address:\_

(SPOULER/Q) W

### FLORIDA PROFIT/NON PROFIT CORPORATION eco painting corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge -	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

# #19000 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	n shall be: MB Eco	Printing	Corp
ARTICLE II PRINCIP	PAL OFFICE incipal street address	.)	/ Mailing address, if different is:
1647 NE 146	5 1/h St	<b>→</b> -	
Mismi Fl 3		<del>_</del> .	
ARTICLE III PURPOSI The purpose for which the	E corporation is organized is:	Any .00	d all lawful business
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		·	
	,		
		<u> </u>	
ARTICLE IV SHARES The number of shares of stor	ck is:/ <u>O</u> O	<u>ORS</u>	
Name and Title:	P. Ruben Cedillo (	7 <u>703</u> Name :	and Title:
	1647 NE 1461h St	· <del>-</del>	ss:
	Mismi FL 3311	81	<del> </del>
		·	·
Name and Title:		Name :	and Title:
Address		Addres	s:
_	· ·	<del></del>	
<del></del>			
Name and Title:		Name a	nd Title:
Address		Addres	s:
_		<del></del>	

## H19000 3482353

Name and Title:	Name and Title:
Address	Address:
	·
ARTICLE VI REGISTERED AGENT	
	Box NOT acceptable) of the registered agent is:
Name: Ruben Cedi	Mo Croz
Address: 1647 NE 146	
Stismi, FL	33181
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Ruben Cedin	1/0 Cruz
Address: <u>1647 N 6 19</u>	16.4h. St
Stismi FL	<u> 33181</u>
ARTICLE VIII EFFECTIVE DATE:	
	:, (OPTIONAL)  the specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does the document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.
	cept service of process for the above stated corporation at the place designated in this appointment as registered agent and agree to act in this capacity
Required Signature	e/Registered Agent Date
	facts stated herein are true. I am aware that the false information submitted in a stees a third degree felony as provided for in 2.817.155, F.S.
	12/02/2019
Required Signature/Incorporator	Date 77.107.17.01.4