

06-03-2013:13:31 ;From:Servicell To:8506176381 3056359868 # 41/3
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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

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Email Address: jj.serviger@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CABRERA'S TRANSPORT SERVICES INC

Certificate of Status	1
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Page Count	01
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6/9/2020

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CABRERA'S TRANSPORT SERVICES INC

ATX1

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CABRERA'S TRANSPORT SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2827 HOLLY POINT DRJacksonville, FL 32277**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY BUSINESS PERMITTED BY LAW**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ENGELS CABRERA, PRESIDENT

Name and Title: _____

Address: 2827 HOLLY POINT DR

Address: _____

JACKSONVILLE, FL 32277

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, FL

H200001722913

CABRERA'S TRANSPORT SERVICES INC

ATX1

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: ENGELS CABRERA
Address: 2827 HOLLY POINT DR
JACKSONVILLE, FL 32277

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ENGELS CABRERA
Address: 2827 HOLLY POINT DR
JACKSONVILLE, FL 32277

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/8/2020 . (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


Required Signature/Registered Agent

6/6/2020

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.


Required Signature/Incorporator

6/6/2020

Date

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TALLAHASSEE, FL 32301
STATE DEPT OF REVENUE

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Engels cat