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LAZARUS CORPORATE

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SIMPLE WIRELESS ZONE INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SLL
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Florida Department of State
Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

Simple Wireless Zone Inc

of Document # P12000033300

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Efrain Hernandez Cuello

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Simple Wireless Zone Inc

EIN: 45-4998443

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

3235 NW 32 Ave. Ste. 7
Miami FL 33142**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EFRAIN HERNANDEZ Cwellr (VP) Name and Title:

Address:

Address:

(P) Patricia Gutierrez

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: Efrain Hernandez Cwello

Address: 3235 NW 32 Ave Ste 7
MIAMI FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Efrain Hernandez Cwello

Address: 3235 NW 32 Ave Ste 7
MIAMI FL 33142

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

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

Date

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