P21000089304

05- ;1 36 ;Fro Ser cell To 76 305 868

Div of C oration

onic Filing Co Sh

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.

(((H21000177882 3)))

H21000177882 3ABC3

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

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: jjserviger@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
HFE GENERAL SERVICE CORP

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 APR 30 AM 5:07

2021 MAY -3 PM 1:11

Electronic Filing Menu Corporate Filing Menu Help

H21000177823

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: HFE General Service Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

145 NW 57 St
Miami FL 33127

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P. Heacy, Fernandez Estrada
Address 145 NW 57 St
Miami FL 33127

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

H21000177823

H21000177882 3

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: Heary Fernandez Estrada

Address: 145 NW 57 St

Miami FL 33127

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Heary Fernandez Estrada

Address: 145 NW 57 St

Miami FL 33127

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

Henry Fernandez 05/03/2021

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 s.817.155, F.S.

Henry Fernandez 05/03/2021

Required Signature/Incorporator Date

H21000177882 3