

5/4/2021

Division of Corporations

Florida Department of State

P2100040655

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

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5/6/21
[Signature]

To:

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

From:

Account Name : TAX S PRO CORP
Account Number : 120100000147
Phone : (786)387-2733
Fax Number : (954)420-7118

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

Email Address: INFO@TAXSPRO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION CELLPHONE FIX AND GOLD CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2021 MAY -5 AM 10:27

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CELLPHONE FIX AND GOLD CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUTEL)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: TAX S PRO CORP
Name (Printed or typed)
8030 PINES BLVD
Address
PEMBROKE PINES , FL 33024
City, State & Zip
786-307-2733
Daytime Telephone number
INFO@TAXSPRO.COM
E-mail address (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: **CELLPHONE FIX AND GOLD CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6752 PINES BLVD
PEMBROKE PINES , FL 33024

6752 PINES BLVD
PEMBROKE PINES , FL 33024

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	Name and Title	
Address	LUNA POLANCO, MAURICIO J	Address	
	2455 NW 89 DR		
	APT 205		
	CORAL SPRING , FL 33065		

Name and Title	VP	Name and Title	
Address	JUARBE PEREZ , MICHAEL ONEAL	Address	
	411 NW 100TH PL		
	PEMBROKE PINES , FL 33024		

Name and Title	T	Name and Title	
Address	SORIA HECTOR MANUEL	Address	
	1400 NW 70 WAY		
	PLANTATION , FL 33313		

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TAX S PRO CORP
 Address: 8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: ANWAR PUELLO
8030 PINES BLVD,
 Address: PEMBROKE PINES , FL 33024

ARTICLE VIII EFFECTIVE DATE:Effective date (if other than the date of filing) 05/04/2021 (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.*ANWAR PUELLO

Required Signature/Registered Agent

05/04/2021

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

05/04/2021

Date