

## FLORIDA DEPARTMENT OF STATE

## Division of Corporations

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3/24/06

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

P# 1/25

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

Email Address: jjservicerr@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
UMBRELLA MANAGEMENT CORP**

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UMBRELLA MANAGEMENT CORP

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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: CLAUDIA OSORIO HERNANDEZ  
Address: 225 NE 23 ST STE 1107  
MIAMI, FL 33137

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: CLAUDIA OSORIO HERNANDEZ  
Address: 225 NE 23 ST STE 1107  
MIAMI, FL 33137

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/20/2021 (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*



Required Signature/Registered Agent

05/20/21

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

05/20/21

Date

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UMBRELLA MANAGEMENT CORP

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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: UMBRELLA MANAGEMENT CORPARTICLE II PRINCIPAL OFFICEPrincipal street address225 NE 23 ST STE 1107

Mailing address, if different is:

225 NE 23 ST STE 1107MIAMI, FL 33137MIAMI, FL 33137ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: CLAUDIA OSORIO HERNANDEZ, PRESIDENT Name and Title: \_\_\_\_\_Address: 225 NE 23 ST STE 1107 Address: \_\_\_\_\_MIAMI, FL 33137

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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