

FLORIDA DEPARTMENT OF STATE

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

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
UMBRELLA MANAGEMENT CORP

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2021 MAY 25 PM 4:34

UMBRELLA MANAGEMENT CORP

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ATX1

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: CLAUDIA OSORIO HERNANDEZ

Address: 225 NE 23 ST STE 1107

MIAMI, FL 33137

ARTICLE VII INCORPORATORThe 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

✓ [Signature] 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.

✓ [Signature] 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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