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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.

Email Address: jjserviger@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
PUPA TRANSPORTATION CORP

Certificate of Status	0
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PUPA TRANSPORTATION CORP

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PUPA TRANSPORTATION CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address303 NE 167TH STMiami, FL 33162

Mailing address, if different is:

303 NE 167TH STMiami, FL 33162**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: CLAUDIA OSORIO. PRESIDENT

Name and Title: _____

Address: 225 NE 23RD ST APT 1213

Address: _____

MIAMI, FL 33137Name and Title: ALINA HERNANDEZ. VICE PRESIDENT

Name and Title: _____

Address: 225 NE 23RD ST APT 1213

Address: _____

MIAMI, FL 33137

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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PUPA TRANSPORTATION CORP

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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
Address: 303 NE 167TH ST
NORTH MIAMI BEACH, FL 33162

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: CLAUDIA OSORIO
Address: 303 NE 167TH ST
NORTH MIAMI BEACH, FL 33162

ARTICLE VIII EFFECTIVE DATEEffective date, if other than the date of filing: 9/28/2021 (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 Agent09/30/2021
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/Incorporator09/30/2021
Date

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