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Division of Corporations
Electronic Filing Cover Sheet

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To:

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

Second Attempt

From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.
Account Number : I20160000091
Phone : (786)786-3487
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: JTServicer@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
D & D MULTISERVICES REPAIR CENTER CORP**

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

2021-10-14 11:05

RECEIVED

OCT 14 PM 4:14

01:00

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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: **D & D Multiservices Repair Center Corp.****ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4029 WEST FLAGLER ST APT 2**CORAL GABLES FL 33134****ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSSINESS****ARTICLE IV SHARES**The number of shares of stock is: **100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **P. DIOSDANIS POMPA CASANOVA** Name and Title:Address **4029 WEST FLAGLER ST APT 2** Address:**CORAL GABLES FL 33134**Name and Title: **VP. JUAN D. PESANTEZ TORRES** Name and Title:Address **4029 WEST FLAGLER ST APT 2** Address:**CORAL GABLES FL 33134**

Name and Title: Name and Title:

Address Address:

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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: DIOSDANIS POMPA CASANOVA
Address: 4029 WEST FLAGLER ST APT 2
CORAL GABLES FL 33134

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DIOSDANIS POMPA CASANOVA
Address: 4029 WEST FLAGLER ST APT 2
CORAL GABLES FL 33134

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TALLAHASSEE, FL

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

Required Signature/Registered Agent

10/13/2021

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

10/13/2021
Date

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