

P22 000003884

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

(((H22000024345 3)))



H220000243453ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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: jj.serviger@yahoo.com

RECEIVED  
2022 JAN 20 AM 9:10  
SECRETARY OF STATE  
DIVISION OF STATE REGISTRATION  
FILED

FLORIDA PROFIT/NON PROFIT CORPORATION  
GR GUEVARA REMODELING CORP

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

RECEIVED  
2022 JAN 20 PM 1:12

**ARTICLES OF INCORPORATION**

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

H 220000243453

**ARTICLE I NAME**

The name of the corporation shall be: GR GUEVARA REMODELING CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2154 NW 50th St Miami FL 33142

\_\_\_\_\_

**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

FILED  
2022 JAN 20 AM 9 10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P. Edwin N. Ramirez Name and Title: \_\_\_\_\_  
Address 2154 NW 50th St Address: \_\_\_\_\_  
Miami FL 33142 \_\_\_\_\_

Name and Title: VP. Glenda O. Garcia Name and Title: \_\_\_\_\_  
Address 2154 NW 50th St Address: \_\_\_\_\_  
Miami FL 33142 \_\_\_\_\_

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

H 220000243453

17220000243453

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: Edwin N. Ramirez

Address: 2154 NW 50th St  
Miami FL 33142

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Edwin N. Ramirez

Address: 2154 NW 50th St  
Miami FL 33142

FILED  
 2022 JAN 20 AM 9:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

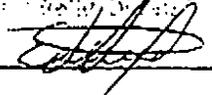
**ARTICLE VIII EFFECTIVE DATE:**

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.)

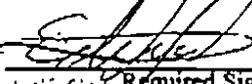
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

01/20/2022  
 \_\_\_\_\_  
 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

01/20/2022  
 \_\_\_\_\_  
 Date

H 220060243453