

P22 0000 40965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

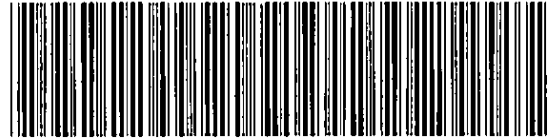
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/17/22 --01018--006 \*\*70.00

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2022 MAY 23 AM 11:30

DEPT OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2022 MAY 17 PM 2:50

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2022

KD PROCESS

SUBJECT: SERVICABLE LLC  
Ref. Number: W22000064812

OFFICE OF THE  
CLERK OF THE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 MAY 23 PM 1:44

RECEIVED

We have received your document for SERVICABLE LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LLC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

OFFICE OF THE  
CLERK OF THE  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY 23 AM 11:30

FILED

Neysa Culligan  
Regulatory Specialist III

Letter Number: 222A00011341

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** SERVICABLE INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** VILMA VOLCANES  
Name (Printed or typed)

491 RACQUET CLUB RD 211  
Address

WESTON FL 33326-1837  
City, State & Zip

786-418.7025  
Daytime Telephone number

SERVICABLE.LLC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2022 MAY 23 AM 11:30  
FILED  
DEPARTMENT OF STATE

**NOTE: Please provide the original and one copy of the articles.**

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

**ARTICLE I NAME**

The name of the corporation shall be: SERVICABLE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

491 RACQUET CLUB RD 211, Weston Fl 33326

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FOR ALL AND ANY LEGAL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JUANA MORELLA ALVAREZ MENDOZA  
80% Owner & Director

Address: 491 RACQUET CLUB RD 211,  
Weston Fl 33326

Name and Title: HECTOR E. VOLCANES GONZALEZ  
20% Owner & Director

Address: 491 RACQUET CLUB RD 211,  
Weston, Fl 33326

Name and Title: VILMA VOLCANES - Director

Address: 491 RACQUET CLUB RD 211,  
Weston, Fl 33326

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

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

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

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

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

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

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2022 MAY 23 AM 11:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: VILMA VOLCANES

Address: 491 RACQUET CLUB RD

Weston, Fl 33326

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VILMA VOLCANES

Address: 491 RACQUET CLUB RD

Weston, Fl 33326

**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

05/16/2022

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

05/16/2022

Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA