## lectronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Number : 120160000091 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.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION LHK RENOVATION CORP

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Help

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		ARTICLES OF IT to with Chapter 607			H22000	25193
RTICLE I NAME on name of the corpora	E ation shall be:	LHK R	enovation (	orp.		_
ARTICLE II PRINCIPAL OFFICE Principal street address 409 N(a) 33rd S}			Mailing address, if different is:			
Miami FL	3312.7		•			
RTICLE III PURP ne purpose for which	OSE the corporation is or	ganized is:	ry and a	Il lawful	baline	35.5
		·				
e number of shares o	f stock is:		Juarez	ela.	 	2022 [111], 2-6
e number of shares o	f stock is:  AL OFFICERS AND  Ic: P. Kenia Li  409 NW 3	wordinectors Earlh Hernand 31d St	1e2 Name and Ti	tic:		(iii) 2
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e number of shares of RTICLE V INITE  Name and Title  Address  Name and Title  Address	f stock is:  AL OFFICERS AND  Ic: P. Kenia Li  409 NW 3  Miami F  E: VP. Macuid  409 NW	NOR DIRECTORS  20th Hernand  33rd St  33127  Omar Are  33rd St	Address:  Address:  Address:  Address:  Address:	tle:		(iii) 26 M 2: 49

	;From:Servicell	To:8506176381		
Name and	Title:	Name and Title:	H Z Z O O O	259 93
Address				
ARTICLE VI R	EGISTERED AGENT			
The name and Flo	rida street address (P.O. Box NOT accep		is:	
Name:	Kenia Lizeth Hecoans	dez Juarez		
Address:	409 NW 331d St	<del></del>		
	Miami F1 33127			
ARTICLE VII I	NCORPORATOR			
The name and add	ress of the Incorporator is:			
Name:	Kenia Lizeth Herna	indez Juarez		
Address:	409 NW 33rd St			
	Miami FL 3312	2.7		
ARTICLE VIII	EFFECTIVE DATE:		_	2022
(If an effective day filing.)	ther than the date of filing: te is listed, the date must be specific and	d cannot be more than five	ONAL) days prior or 90 da	iys after the
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_ Kario	HGN and c Z  Required Signature/Registered Age		ΩŦ.	125/22
•	Required Signature/Registered Age	cnt		Date
I submit this does	nent and affirm that the facts stated her	ein are true. I am aware tha	t the false informat	ion submitted in
document to the De	partment of State constitutes a third degre	ce Jeiony as provided for in 5.	01/1233, F13.	į