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.

(((H22000309176 3)))



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

	•	
-1	$\sim$	•
	u	

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:_	 erviger@	yahoo.com

## FLORIDA PROFIT/NON PROFIT CORPORATION **BCDEM CORPORATION**

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

Electronic Filing Menu Corporate Filing Menu

Help



TICLE I NAM	<u>1E</u>		
name of the corpo	oration shall be:	EM Corpo	ration
TICLÉ II PRI	NCIPAL OFFICE Principal street address		Standard telepolitics
172			ailing address, if different is:
	68 terrace		
Hiami Fl	33147		
TICLE III PUR	POSE		
purpose for which	h the corporation is organized is:	ny and all	lawful business
		<u> </u>	
<del></del>			-
			( 10 ( 10
			(2)
<del></del>			
			ထ
TICLE IV SHA number of shares	<u>RES</u> of stock is:		بيني. تينيا
	·	·	
TICLE V INIT	IAL OFFICERS AND/OR DIRECTORS		7 4: 00
TICLE V INIT	TAL OFFICERS AND/OR DIRECTORS	illen	M1 4: 00
Name and Ti	itic: P. Carlos Alexander 9	; llen Name and Title:	14:00
Name and Ti	32000	14atile and 1100	
	1472 NW 68 ferrace	Address:	
	32000	Address:	
	1472 NW 68 ferrace	Address:	
Address	1472 NW 68 forrace Lliami FL 33147	Address:	
Address	1472 NW 68 ferrace	Address:	
Address	1472 NW 68 forrace Lliami FL 33147	Address:  Name and Title:	
Address  Name and Tit	1472 NW 68 ferrace  Lliami FL 33147	Address:  Name and Title:	
Address  Name and Tit	1472 NW 68 ferrace  Lliami FL 33147	Address:  Name and Title:	
Address  Name and Tit	1472 NW 68 ferrace  Lliami FL 33147	Address:  Name and Title:	
Address  Name and Tit  Address	1472 NW 68 ferrace  Lliami FL 33147	Address:  Name and Title:  Address:	
Address  Name and Tit  Address	1472 NW 68 ferrace  Lliami FL 33147	Address:  Name and Title:  Address:	
Address  Name and Tit  Address	1472 NW 68 ferrace  Lliami FL 33147	Address:  Name and Title:  Address:  Name and Title:	

	H220003091763
Name and Title:	Name and Title:
Address	Address:
<del> </del>	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	ptable) of the registered agent is:
Name: <u>Carlos Alexander</u> C	willen
Address: 1472 NW 68 feira	<u>e</u>
Miami FL 33147	
ARTICLE VII INCORPORATOR	£.5
The name and address of the incorporator is:	ده ابع ن
Name: Carlos Alexander Gu	zillen :
Address: 1472 NW 68 terro	<b>x</b> ∉
Miami FL 3314	<del>7</del>
	- 0
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific an filing.)	. (OPTIONAL) ad cunnot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's a	oplicable statutory filing requirements, this date will not be listed as records.
Having been named as registered agent to accept service of p certificate, I am familiar with and accept the appointment as	process for the above stated corporation at the place designated in the registered agent and agree to act in this capacity
- Cayalli /2	pa/07/22
Required Signature/Registered Ag	ent Date
I submit this document and affirm that the facts stated her document to the Department of State constitutes a third degri	rein are true. I am aware that the false information submitted in ree felony as provided for in s.817.155, F.S.
Required Signature Incorporator	
deoo oibinem oxucorpointot	Date