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To:

Division of Corporations

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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. **

FLORIDA PROFIT/NON PROFIT CORPORATION RAMON GOMEZ MOBILE CARWASH CORP

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

H230001

AKTICLE I	<u>NAME</u>	W		1011	1.	,
inc name of the	NAME corporation shall be:	Mamon	Gomez	Mobile	Carwa	<u>sh</u> (
	PRINCIPAL OFFICE		•			
	Principal street			Mailine	address, if diffe	mot is:
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_/_9.50/	VW 24+h S	Apt I	_			
Mian	21 FL 3:	2142				
	·/	7772				,
ARTICLE III	PURPOSE		1	1 11	, , ,	/
the purpose for	PURPOSE which the corporation i	is organized is:	_/tny	and all 1	awtol	busi
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	<u> </u>		· · · · · · · · · · · · · · · · · · ·		 -	
						
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ARTICLE IV .	SHARES	100				
i ne nimber of 20	ares of stock is:	100				
ARTICLE V I	NITIAL OFFICERS	AND/OR DIRECT	ORS			
3.7	1011 P. 12					
Name an	nd Title: <u>Ramon</u>	JOMEZ CU	ping/ Name	and Title:		
Address	1430 N/W	24th St /	late Add-	•001		
, 100, 633	1.00 100	<u> </u>	Addi.	ess:		
	Miami	FC 33142				
						
Name and	l Title:		Nome	and Titles		
			Ivallic	and ritte,		
Address			Addro	ess:		
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	 -		·			2026
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Name and	Title:		Name	and Title:	· · · · ·	••
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Address			Addre	:ss:		:
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	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u>, 0, </u>

Name and Title:	Name and Title:	H2300025
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)) of the registered agent is:	
Name: Bamon Gomes Espinal		
Address: 1430 NW 24th St Apt 1		
Miami FL 33142		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Bamon Gamez Grain	20/	
Name: Bamon Somez Stoil Address: 1430 NW 24th St A	ef 1	
Miami FL 33142	 -	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and can filing.)	. (OPTION not be more than five da	NAL) lys prior or 90 days after t
Note: If the date inscreed in this block does not meet the applicable the document's effective date on the Department of State's record	ole statutory filing requirer ls.	ments, this date will not be I
Having been named as registered agent to accept service of process certificate, I one familiar with and accept the appointment as regist	s for the above stated corpo tered agent and agree to ac	oration at the place designate et in this capacity
Jann James		01/23/20
Required Signature/Registered Agent	-	Date
I submit this document and affirm that the facts stated herein as document to the Department of State constitutes a third degree feld	re true. I am aware that to ony as provided for in s.81	he false information submit 7.155, F.S.
Required Signature/Incorporator		Date _01/23/20;
•		•
		2023 JAR 2

10/10/06/10/06/1 1/0/05/2005

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