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P25000054224
Florida Department of State

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : RASI 5
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ULTRA MOBILE CHARGE CORP.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2075 29 Feb 2:30

7-11-64

2025 SEP 29 PM 2:23

1100

Electronic Filing Menu

Corporate Filing Menu

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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: ULTRA MOBILE CHARGE CORP.

ARTICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
2055 E 65TH ST	2055 E 65TH ST
BROOKLYN, NY 11234	BROOKLYN, NY 11234

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	SHAI SHOLOMON	Name and Title:	
Address	2055 E 56TH ST.	Address:	
	BROOKLYN, NY 11234		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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STATE
OFFICE

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: REGISTERED AGENT SOLUTIONS, INC.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SHAI SHOLOMON
Address: 2055 E 56TH ST.
BROOKLYN, NY 11234

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CLERK OF THE STATE
TREASURY, FL

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 business days prior or 90 business 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

/S/ NAOMI OSTOPOWITZ, ASSISTANT SECRETARY 9/29/25

Required Signature/Registered Agent 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.

/S/ SHAI SHOLOMON 9/29/25

Required Signature/Incorporator Date