## Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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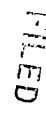
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## FLORIDA PROFIT/NON PROFIT CORPORATION ULTRA MOBILE CHARGE CORP.

Certificate of Status	1
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Estimated Charge	\$78.75

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)

TICIFII DDIN	CIDAL OFFICE		
<u>TICLE II PRIN</u> 55 E 65TH ST	Principal street address	Mailing a 2055 E 65TH ST	ddress, if different is:
ROOKLYN, NY 11	234	BROOKLYN, NY	11234
TICLE III PURI	the corporation is organized is:	ngage in any lawful act or activity for	or
nich corporations m	ay be organized.		
	<u> </u>		
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<u> </u>		-	
TICLE IV SHAI number of shares of	RES 200 of stock is:		
number of shares of	of stock is:	<u>rs</u>	
number of shares of TICLE V INITE Name and Tit	of stock is: 200 IAL OFFICERS AND/OR DIRECTO 1e: 2055 F S6TH ST	<u>RS</u> Name and Title:	
number of shares of	of stock is: 200 MAL OFFICERS AND/OR DIRECTO le: SHAI SHOLOMON	<u>RS</u> Name and Title:	
number of shares of TICLE V INITE Name and Tit	of stock is: 200 AL OFFICERS AND/OR DIRECTO SHAI SHOLOMON 1e: 2055 E 56TH ST.	<u>RS</u> Name and Title:	
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number of shares of TICLE V INITA Name and Tit Address	of stock is: 200  AL OFFICERS AND/OR DIRECTO  le: SHAI SHOLOMON  2055 E 56TH ST.  BROOKLYN, NY 11234	Name and Title:  Address:  Name and Title:	2325 
number of shares of TICLE V INITA  Name and Tit  Address  Name and Titl	of stock is:	Name and Title:  Address:  Name and Title:	2025 SEF 2
number of shares of TICLE V INITA  Name and Tit  Address  Name and Titl	of stock is:	Name and Title:  Address:  Name and Title:	2025 STF 29 FJ
number of shares of the shares of the share and Tite Address  Name and Tite Address	of stock is:	Name and Title:	2025 SEF 29 FM 2:
number of shares of the shares of the share and Tite Address  Name and Tite Address	of stock is:	Name and Title:   Address:   Name and Title:   Address:   Name and Title:   Name and Tit	2025 SEF 29 FM 2:

Name as	nd Title:	Name and Title:
Addres	s	Address:
	<del></del>	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	REGISTERED AGENT SOLUTIONS, INC.	
Address:	1200 South Pine Island Road	-
	Plantation, FL 33324	_
ARTICLE VII	<u>INCORPORATOR</u>	2025
The name and a	ddress of the Incorporator is:	SEP 29
Name:	SHAI SHOLOMON	29
Address:	2055 E 56TH ST.	
	BROOKLYN, NY 11234	Ph 2: 23
Effective date, if (If an effective of days after the fine the Mote: If the date	iling.)	. (OPTIONAL) of the more than five business days prior or 90 business estatutory filing requirements, this date will not be listed as
	med as registered agent to accept service of proces. am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated i gistered agent and agree to act in this capacity
/S/ NAOMI OS	TOPOWITZ, ASSISTANT SECRETARY	9/29/25
	Required Signature/Registered Agent	Date
I submit this document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in my as provided for in s.817.155, F.S.
/S/ SHAI SHO	DLOMON	9/29/25
Requ	ired Signature/Incorporator	Date