

FD600000 2093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Mobley, Inc.,  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Edwin R. Mobley

(Name of Person)

Mobley, Inc.,

(Firm/Company)

550 Lynchfield Avenue

(Address)

Altamonte Springs, FL 32714

(City/State and Zip code)

For further information concerning this matter, please call:

Edwin R. Mobley

(Name of Person)

at ( 407 ) 836-7367

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2006

EDWIN R. MOBLEY  
550 LYNCHFIELD AVE.  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: THE MOBLEY GROUP, INC.  
Ref. Number: W06000013874

We have received your document for THE MOBLEY GROUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Document Specialist

Letter Number: 206A00019570

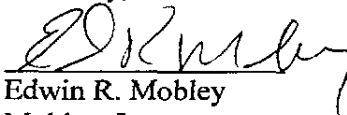
Monday, March 27, 2006

Department of State  
Division of Corporations  
Corporate Filings  
ATTN: Carolyn Lewis  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Lewis,

Recently I attempted to register my foreign corporation Mobley, Inc., and my application was not accepted see W06000013874. I was informed an original certified letter of Good Standing was required with my filing. Included with this letter is the required letter. Please let me know if any additional information is required. Thank you for your assistance.

Sincerely,



Edwin R. Mobley  
Mobley, Inc.  
550 Lynchfield Ave.  
Altamonte Springs, FL 32714

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Mobley, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

The Mobley Group, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 20-4487976

(FEI number, if applicable)

4. February 21, 2006

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Not Applicable

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 550 Lynchfield Avenue, Altamonte Springs, FL 32714

(Principal office address)

380 S. State Road 434, Suite 1004 - #251, Altamonte Spgs., FL 32714

(Current mailing address)

8. Seafood Distributor

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Edwin R. Mobley

Office Address:

550 Lynchfield Avenue

Altamonte Springs,

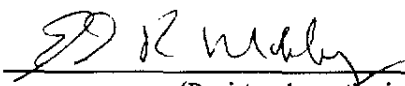
(City)

, Florida 32714

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
06 APR -3 11 8 44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Edwin R. Mobley

Address: 550 Lynchfield Avenue  
Altamonte Springs, FL 32714

Vice Chairman: Edwin R. Mobley

Address: as above

Director: Edwin R. Mobley

Address: as above

Director: Edwin R. Mobley

Address: as above

**B. OFFICERS**

President: Edwin R. Mobley

Address: 550 Lynchfield Avenue  
Altamonte Springs, FL 32714

Vice President: Edwin R. Mobley

Address: as above

Secretary: Edwin R. Mobley

Address: as above

Treasurer: Edwin R. Mobley

Address: as above

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Edwin R. Mobley  
(Signature of Director or Officer listed in number 12 of the application)

14. Edwin R. Mobley, Director and President  
(Typed or printed name and capacity of person signing application)

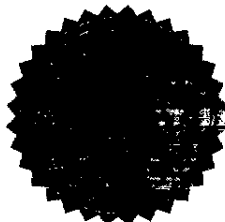
FILED  
06 APR -3 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOBLEY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D. 2006.



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060275008

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4612315

DATE: 03-22-06