

FR40000004665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

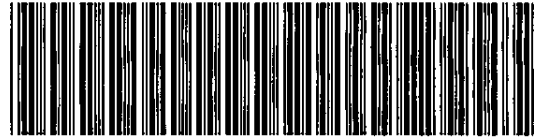
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

W/K-55068 YMD 11/5

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mobile Streams 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," or "Certificate of Good Standing" 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:

Steve Piascik

Name of Person

Piascik

Firm/Company

4470 Cox Road, Suite 250

Address

Glen Allen, VA 23060

City/State and Zip code

spiascik@piascik.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Piascik

Name of Person

at (804) 527-1815

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

September 9, 2014

STEVE PIASCIK
4470 COX ROAD, SUITE 250
GLEN ALLEN, VA 23060

SUBJECT: MOBILE STREAMS, INC.
Ref. Number: W14000055068

We have received your document for MOBILE STREAMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 714A00019240



West Coast

Main / 310-432-2800

Toll Free / 844-501-7800

Fax / 310-432-2801

9665 Wilshire Boulevard, Suite 510

Beverly Hills, California 90212

Headquarters

Main / 804-527-1815

Toll Free / 866-527-1815

Fax / 804-527-1816

4470 Cox Road, Suite 250

Glen Allen, Virginia 23060

October 29, 2014

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Mobile Streams, Inc.
W14000055068
TIN #: 41-2057068
Letter #: 714A00019240

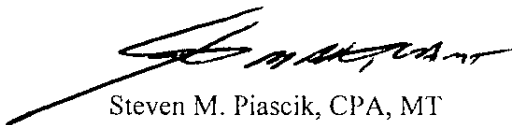
Dear Sir or Madam:

We are writing on behalf of the above named taxpayer with regards to your notice dated, September 9, 2014, a copy of which is enclosed. We understand that Florida Statutes require an entity to designate a street address for its principal office address and we have updated the enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida accordingly. The Florida address is:

Mobile Streams, Inc.
420 Arbor Circle
Celebration, FL 34747

We respectfully ask that you proceed with the prompt processing of this application. Please feel free to contact me at (804) 527-1815 with any questions.

Sincerely,
PIASCIK



Steven M. Piascik, CPA, MT
President

cc: Simon Buckingham

**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. Mobile Streams, Inc.

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

(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. 41-2057068

(FEI number, if applicable)

4. April 19, 2002

(Date of incorporation)

5. Perpetual

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

6. N/A

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. PO Box 471191, Celebration, FL 34747

(Principal office address)

420 Arbor Circle
Celebration, FL 34747

PO Box 471191, Celebration, FL 34747

(Current mailing address)

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

Name: Simon Buckingham

Office Address: 420 Arbor Circle

Celebration

(City)

, Florida 34747

(Zip code)

9. 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)

10. 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.

CLERK OF STATE
TALLAHASSEE, FLORIDA

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FILED

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

A. DIRECTORS

Chairman: Simon Buckingham

Address: PO Box 471191
Celebration, FL 34747

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Simon Buckingham

Address: PO Box 471191
Celebration, FL 34747

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Simon Buckingham, Chairman

(Typed or printed name and capacity of person signing application)

FILED
14 NOV -3 PM 4:11
CLERK OF THE
CITY OF MIAMI

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOBILE STREAMS, 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 FIRST DAY OF AUGUST, A.D. 2014.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOBILE STREAMS, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF APRIL, A.D. 2002.

3512381 8300

141025677

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1588810

DATE: 08-01-14