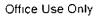
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

то:	Registration Secti						
	Division of Corpo		ILEQUBE	S INC.			
SUBJ	JECT:	Name of corne	oration - II	nust include suffix		··	
		Name of corp.	nation - u	nust mondo aman			
Dear !	Sir or Madam:						
"Certi	ficate of Existence,	n by Foreign Corporati or "Certificate of Goo corporation to transact	od Standir	thorization to Transact ag" and check are subm in Florida.	Business in itted to regis	Florida ter the)) 1
Please	e return all correspo	ndence concerning this JAS	matter to SON PALM	the following: MER			
			ime of Per				
			m/Compa NAL ST.,	=		· · · · · ·	
_		NEW C	Address RLEANS,	LA 70112			
			State and	Zip code ILEQUBES.COM	;	2019 AUG	
		E-mail address: (to b	e used for	future annual report no	tification)		* 657353
For f	urther information c	oncerning this matter,	please cal	l:		- P	- 47g
ALA	ina aguilar	50 at (858-8553 	· · · · · · · · · · · · · · · · · · ·	11:11	لختنت
<u> </u>	Name of Person		rea Code	Daytime Teleph	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Encl	osed is a check for t	he following amount:					
	570.00 Filing Fee	☐ \$78.75 Filing Fee Certificate of Star		\$78.75 Filing Fee & Certified Copy	\$87.50 Certific	cate of	Status &

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.

(Fatau name of ac	rporation; must include "INCORPORATED,"	'COMPANY," "CORPORATION	٧."			
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")					
	ble in Florida, enter alternate corporate name ad	opted for the purpose of transactin	ng busines	s in Flor	ida)	
DELAWARE		3-0722958				
(State or country MAY 30, 2018	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)			
MAT 30, 2016	5.					
(Date	of incorporation)	(Date of duration, if other than perpetual)				
<u>, </u>						
	., STE. 428, NEW ORLEANS, LA 70112					
•	(Principa	l office address)				
	(Principa	d office address) gaddress, if different)	, . .			
3. Name and stree	(Principa	3 address, if different)	- - -	2019 AU	. 4 5.4 2	
3. Name and <u>stree</u> Name:	(Principa (Current mailing et address of Florida registered agent: (P.O	3 address, if different)	·	2019 AUG -5	, 2 pt	
8. Name and <u>stree</u>	(Principa (Current mailing et address of Florida registered agent: (P.O CORPORATION SERVICE COMPANY 1201 HAYS ST.	3 address, if different)		1	-	

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. 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 the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictic under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS CHIP REGISTER Chairman: 1441 CANAL ST., STE. 428 Address: NEW ORLEANS, LA 70112 Vice Chairman: Address: ____ DARYL SCHLOZ Director: 1441 CANAL ST., STE. 428 Address: NEW ORLEANS, LA 70112 RENEE LEWIN Director: 1441 CANAL ST., STE. 428 Address: NEW ORLEANS, LA 70112 B. OFFICERS CARRIAGE President: 1441 CANAL ST., STE. 428 Address: NEW ORLEANS, LA 70112 JASON PALMER Vice President: 1441 CANAL ST., STE. 428 Address: NEW ORLEANS, LA 70112 JASON PALMER Secretary: 1441 CANAL ST., STE. 428, NEW ORLEANS, LA 70112 Address: JASON PALMER Treasurer: 1441 CANAL ST., STE. 428, NEW ORLEANS, LA 70112 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 11 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 constitute

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

a third degree felony as provided for in s.817.155, F.S.

JASON PALMER, COO, SECRETARY

Additional Directors:

Director: Sean Carrigan

Address: 1441 Canal St. Suite 428, New Orleans, LA 70112

Director: Jason Palmer

Address: 1441 Canal St. Suite 428, New Orleans, LA 70112



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOBILEQUBES 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-SIXTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOBILEQUBES INC." WAS INCORPORATED ON THE THIRTIETH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203297983

Date: 07-26-19