

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0381

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number: 071001002335

: {305}599-0839

Fax Number

: (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

#### SOUTH COM-MOBILE CORP

Certificate of Status	0	
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# ARTICLES OF INCORPORATION APR -9 AM 10: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE L NAME

The name of the corporation shall be:

South Com- Hobile Corp

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1940 NW 1930 Terr Carell City, FL 33056

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Peter Gonzalez 4631 Sw 154 Ct Mini, FL 33185

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## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Joseph E. Lowis 1940 NW 1930 Terr Creal City, FL 33056

## ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

Joseph E. Lawis 1940 NW 1930 Terr Carol City, FL 33056

8 <sup>th</sup> day of	April		, 10 20072
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		Signatui	

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida. —

	he name and address of the registered agent and office is:
	Peter Gonzalez
	(NAME)
	4631 Sw 154 Ct (P.O. BOX NOT ACCEPTABLE)
•	(P.O. BOX NOT ACCEPTABLE)
	MIGHT FL 38185
•	(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE 48/02