

P04000000770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

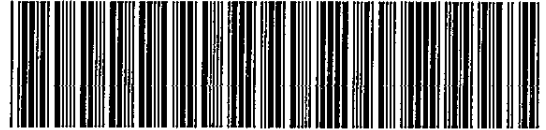
(Document Number)

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04 JAN -5 AM 10:46  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
04 JAN -5 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

3-5

## TRANSMITTAL LETTER

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

SUBJECT: Mobility Plus, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Rutherford J. Klein  
Name (Printed or typed)

1945 S.E. Cherry Lake Circle  
Address

Madison, FL 32340  
City, State & Zip

229-886-3665  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*Mobility Plus, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*2591 Centerville Rd. #103  
Tallahassee, Fl. 32308*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

*100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

*Rutherford J. Klein President  
~~XXXX~~ 2591 Centerville Rd. Unit 103  
Tallahassee, Fl 32308*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

*Rutherford J. Klein  
2591 Centerville Rd Unit 103  
Tallahassee, Fl. 32308*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Rutherford J. Klein  
2591 Centerville Rd Unit 103  
Tallahassee, Fl. 32308*

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*Rutherford J. Klein*  
\_\_\_\_\_  
Signature/Registered Agent

*1/05/04*  
\_\_\_\_\_  
Date

*Rutherford J. Klein*  
\_\_\_\_\_  
Signature/Incorporator

*1/05/04*  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN -5 AM 10:55

FILED