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Certified Copies	Certificates of Status	
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COVER LETTER

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

SUBJECT: Mobile Maintenance At Your Service, Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti-	cles of incorporation and	d a check for:
☐ \$70.00	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Cornelius Audate	(Printed or typed)	
944 Brandywine Street, Ja		32208
,	Address	
Jacksonville, Florida 32209		
City,	State & Zip	
(904) 610-2663		
Daytime T	elephone number	

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

06 MAY -8 PM 1:42

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:

Mobile Maintenance At Your Service, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

944 Brandywine Street, Jacksonville, Florida 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

And and All lawful business

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):

Cornelius Audate, 944 Brandywine Street, Jacksonville, Florida, 32208, President Derek Jackson, 944 Brandywine Street, Jacksonville, Florida 32208, Secretary

ARTICLE VI____ REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Cornelius Audate, 944 Brandywine Street, Jacksonville, Florida 32208

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Cornelius Audate, 944 Brandywine Street, Jacksonville, Florida 3228

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

Signature/Registered Agent

/Incorporator

Date