

PO6000099903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

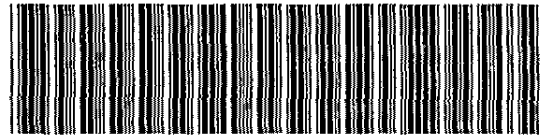
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

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8/1/06

COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDADepartment of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314SUBJECT: ~~Mobile Certifiabls Inc~~ - 24hr Mobile Certifiabls 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:

Nicole Jones

Name (Printed or typed)

909 PARK FOREST Lane

Address

Jacksonville, FL 32211

City, State & Zip

904 724-5503

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:

24hr Mobik Certifiabiles Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

909 PARK FOREST LANE
JACKSONVILLE, FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any 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):

Nicole Jones CEO
Eldon Jones VP

ARTICLE VI REGISTERED AGENT

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

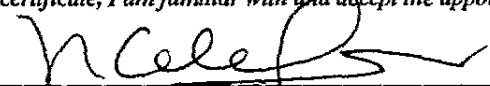
Nicole Jones
909 Park Forest Lane
JACKSONVILLE, FL 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nicole Jones
909 PARK FOREST LANE JACKSONVILLE, FL 32211

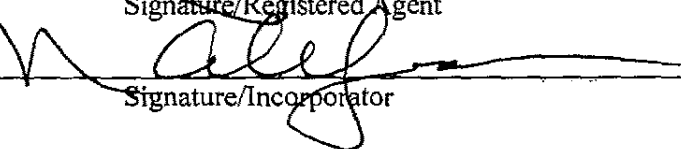
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8-1-06

Date



Signature/Incorporator

8-1-06

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA