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(Requestor's Name)	00015921679		
(Address)			
(Address)			
(City/State/Zip/Phone #)	08/06/090101701		
(Business Entity Name)			
(Document Number)	•		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: Lard T. Watkins AUTHORIZATION BY PHONE TO Somestication form DATE 8/7/09 DOC. EXAM MRD	SECRETARY OF STA		

Office Use Only



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COVER LETTER

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

SUBJECT:	Change Corporation from California to Florida		
Enclosed is a	n original and one (1) copy of the Certificate of Domestication and a check for:		
FEES:			
Articl	icate of Domestication \$ 50.00 es of Incorporation and Certified Copy \$ 78.75 to domesticate and file \$128.75		
OPTIONAL	<u> </u>		
Certif	icate of Status \$ 8.75		
	Carl T. Watkins Name (printed or typed)		
	5103 Memorial HWY		
	Address		
	Tampa, FL 33634		
	City, State & Zip		
	813-884-7245		
	Daytime Telephone Number		
	CW@CTW-CPA.COM		
	E-mail address: (to be used for future annual report notification)		

CERTIFICATE OF DOMESTICATION

Mary E. Day ,	Presid	ent ,
(Name)	(Title)	
MOBETA, INC	a for	eign corporation,
(Corporation Name)	416	
507.1801, Florida Statutes, does hereby ce	ertify:	
corporation was first formed was	JANUARY 01	, <u>1999</u> .
	,	•
vas CALIFORNIA .	-	· · · · · · · · · · · · · · · · · · ·
orporation immediately prior to the filing	of this Certificate of	Domestication
NC		·
orporation, as set forth in its articles of inc	corporation, to be fil	ed pursuant to
07.0401 with this certificate is MOBETA,	, INC	
the corporation, or any other equivalent jure the filing of the Certificate of Domestica	risdiction under app ation was	licable law,
	·	
, of president of MOBETA, INC.		
sign this Certificate of Domestication on b	ehalf of the corpora	tion and have done
_		
of AUGUST		, <u>≥009</u> .
MM		, <u>2009</u> .
111	5	, <u>2009</u> .
MM	5	91 1A1
(Authorized Signature)	5	09 AUG SECRETALLAH
(Authorized Signature) Filing Fee: ertificate of Domestication	\$ 50.00	09 AUG -6 SECRETAR TALLAHAS
(Authorized Signature) Filing Fee:	\$ 50.00	09 AUG SECRETALLAH
	MOBETA, INC (Corporation Name) 607.1801, Florida Statutes, does hereby cell corporation was first formed was here the above named corporation was first vas CALIFORNIA orporation immediately prior to the filing of NC orporation, as set forth in its articles of incorporation, as set forth in its articles of incorporation, or any other equivalent just the filing of the Certificate of Domestical LIFORNIA da articles of incorporation to complete the filing of the Certificate of Domestical LIFORNIA da articles of incorporation to complete the filing of the Certificate of Domestical LIFORNIA da articles of incorporation to complete the filing of the Certificate of Domestical LIFORNIA da articles of incorporation to complete the filing of the Certificate of Domestication on both sign this Certificate of Domestication of Domestication of Domestication of Domestication of Domestication of Domestication of Dome	MOBETA, INC

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED 09 AUG -6 PM 12: 05 SECRETARY OF STATE

TALLAHASSEE FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

MOBETA, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 105 W ADALEE ST TAMPA, FL. 33603

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: TECHNICAL PROCESS SALES

ARTICLE IV **SHARES**

THE NUMBER OF SHARES OF STOCK IS: 7.500

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: MARY E DAY **PRESIDENT** 105 W ADALEE ST TAMPA, FL. 33603

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE VI

The Name and Florida street address (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: CARL T. WATKINS 5103 MEMORIAL HWY TAMPA, FL. 33634

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS: MARY E DAY 5103 MEMORIAL HWY TAMPA, FL . 33634

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 AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Carl T. Watking Signature/Registered Agent

8/4/09 Date 08/04/09

Signature/Incorporator