

P10000072655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Anthony Johnson GAVE

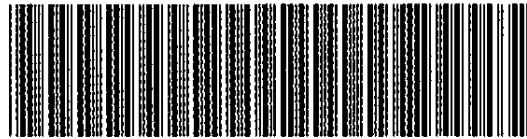
AUTHORIZATION BY PHONE TO

CORRECT Act VII

DATE _____

DOC. EXAM. PS

Office Use Only



400184820554

08/31/10--01027--005 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP - 2 AM 9:49

APPROVED
AND
FILED

PS 9/3/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2010

MARIA T BOSCH CABALLERO
P O BOX 1207
SAFETY HARBOR, FL 34695-1207

SUBJECT: GO MOBILE DIRECT, INC
Ref. Number: W10000041386

We have received your document for GO MOBILE DIRECT, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 910A00021001

COVER LETTER

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

SUBJECT: Go Mobile Direct, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MARIA T. BOSCH CABALLERO

Name (Printed or typed)

P.O. Box 1207

Address

Safety Harbor, FL 34695-1207

City, State & Zip

(727) 216-7941

Daytime Telephone number

admin@gomobiledirect.org

E-mail address: (to be used for future annual report notification)

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

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

APPROPRIATE
AND
FILED

The name of the corporation shall be:

10 SEP -2 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The principal **street** address and mailing address, if different is:

300 S. Duncan, Suite B-227, Clearwater, FL 33755

The purpose for which the corporation is organized is:

Marketing activities for profit.

The number of shares of stock is:

10,000

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

**Maria T Bosch Caballero -
President**

**Anthony Johnson- VP of
Treasury/ Finance**

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

Maria T. Bosch Caballero, 300 S. Duncan, B-227, Clearwater, FL 33755

The **name and address** of the Incorporator is:

Anthony Johnson
P.O. Box 1207 Safety Harbor, FL 34695-1207

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
Signature/Incorporator

8-27-10
Date
8/27/10
Date