

P10000097547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

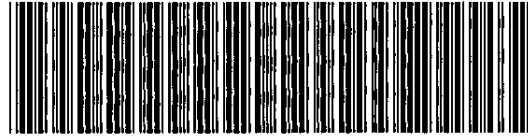
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

must list name in article 1
NNA

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC -1 P 12:39

FILED

COVER LETTER

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

SUBJECT: Mobile Pro 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: Kathryn Anold

Name (Printed or typed)

9952 Royal Cardigan Way

Address

West Palm Beach

City, State & Zip

561-889-3024

Daytime Telephone number

katie@antennastar.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC - 1 P 12:59

FILED

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



RECEIVED

10 DEC -1 AM 11: 18

FLORIDA DEPARTMENT OF STATE
Division of Corporations TALLAHASSEE, FLORIDA

November 18, 2010

KATHRYN ANOLD
9952 ROYAL CARDIGAN WAY
WEST PALM BEACH, FL 33411

SUBJECT: MOBILE PRO INC.
Ref. Number: W10000054180

We have received your document for MOBILE PRO INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must complete Article I.

Please return 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) 245-6913.

Diane Cushing
Regulatory Specialist II Supervisor

Letter Number: 310A00027093

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 Profile Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

x 1233 OLD DIXIE HWY
x LAKE PARK, FL 33403
x UNIT 73

Mailing address, if different is:

9952 royal cardigan way
west palm beach, fl 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Auto motive repair

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathryn Arnold (PD)

Address: 9952 Royal cardigan way
west palm beach, fl 33411

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Kathryn Arnold

Address: x 1233 OLD DIXIE HWY
x LAKE PARK, FL 33403 UNIT 73


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathryn Arnold

Address: 9952 Royal cardigan way
west palm beach, fl 33411

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

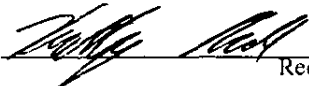


Required Signature/Registered Agent

11-10-2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11-10-2010

Date

FILED
2010 DEC - 1 P 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA