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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Mobile Wireless 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: Christa Wilson

Name (Printed or typed)

116 Julia Way

- PO Box 1508

Address

Gulf Breeze, FL 32561

City, State & Zip

850-565-8147

Daytime Telephone number

trac-all@comcast.net

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

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: Mobile Wireless Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
116 Julia Way
Gulf Breeze, FL 32562

Mailing address, if different is:

PO Box 1508 Gulf Breeze, FL 32562

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wireless Phone sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bob Wilson, Pres
Address: PO Box 1508
Gulf Breeze, FL 32562

Name and Title: _____
Address: _____

Name and Title: Brian Schatz, VP
Address: 508 Frisco Rd
Pensacola, FL 32507

Name and Title: _____
Address: _____

Name and Title: Christa Wilson, Secretary/Treasurer
Address: PO Box 1508
Gulf Breeze, FL 32562

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: Christa Wilson
Address: 116 Julia Way
Gulf Breeze, FL 32561

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christa Wilson
Address: PO Box 1508
Gulf Breeze, FL 32562

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

Christa Wilson
Required Signature/Registered Agent

11/8/11
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.

Christa Wilson
Required Signature/Incorporator

11/8/11
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV 14 PM 3:31
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