

P12000016578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

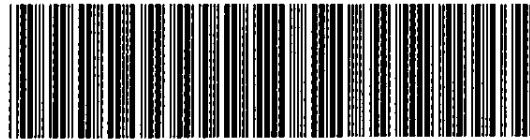
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700218073037

02/16/12--01029--007 **78.75

FILED
12 FEB 16 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Burch FEB 17 2012

COVER LETTER

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

SUBJECT: Niche Mobile, 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: Matthew Carroll
Name (Printed or typed)
1609 NW 29th Rd. #145
Address
Gainesville, FL 32605
City, State & Zip
407-739-9708
Daytime Telephone number
matt@nichemobile.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: Niche Mobile, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1609 NW 29th Rd.

Unit 145

Gainesville, FL 32605

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Niche Mobile exists to build mobile software applications for under-represented, niche groups in the mobile marketplace. In addition, Niche Mobile works with local and global clients to satisfy their mobile needs.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Carroll, CEO

Address: 1609 NW 29th Rd.

Unit 145

Gainesville, FL 32605

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
12 FEB 16 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE VI REGISTERED AGENT

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

Name: Matthew Carroll

Address: 1609 NW 29th Rd. #145

Gainesville, FL 32605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew Carroll

Address: 1609 NW 29th Rd. #145

Gainesville, FL 32605

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

Matthew Carroll

Required Signature/Registered Agent

02/11/2012

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.

Matthew Carroll

Required Signature/Incorporator

02/11/2012

Date