

P1200046529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

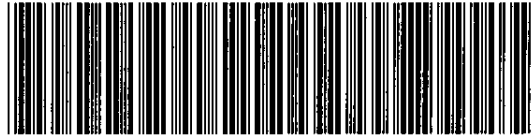
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 17 AM 10:48

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COVER LETTER

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

SUBJECT: Mobile Up Now, 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

| | |
|--|--|
| <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: James D. Julius

Name (Printed or typed)

5855 Midnight Pass Rd. #627

Address

Sarasota, FL 34242

City, State & Zip

941-301-8560

Daytime Telephone number

jim@mobileupnow.com

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 Up Now, Inc.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAY 17 AM 10:48

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mobile Up Now, Inc.
5855 Midnight Pass Rd, #627
Sarasota, FL 34242

Mailing address, if different is:

Mobile Up Now, Inc.
P.O. Box 15801
Sarasota, FL 34277

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mobile Marketing and Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James D. Julius
Address: 5855 Midnight Pass Rd, #627
Sarasota, FL 34242

Name and Title: _____
Address: _____

Name and Title: Gloria D. Julius
Address: 5855 Midnight Pass Rd, #627
Sarasota, FL 34242

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: James D. Julius
Address: 5855 Midnight Pass Rd, #627
Sarasota, FL 34242

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James D. Julius
Address: 5855 Midnight Pass Rd, #627
Sarasota, FL 34242

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

Date

5/7/2012

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

Date

5/7/2012