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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : I2007C000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
MOBILE ADMINISTRATIVE SERVICES INC.

Certificate of Status	0
Certified Copy	0
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RECEIVED  
13 MAR 15 AM 11:49  
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TALLAHASSEE, FLORIDA

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## **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 ADMINISTRATIVE SERVICES INC.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

3157 WAINWRIGHT STREET

DELTONA, FLORIDA 32738

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV      SHARES**

The number of shares of stock is:

1 COMMON SHARE PAR VALUE \$100.00

### **ARTICLE V      INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT, TREASURER

CINDY L FONTANEZ

3157 WAINWRIGHT STREET

DELTONA, FLORIDA 32738

SECRETARY

MEDELICIA HERNANDEZ

2640 E DORCHESTER STREET

DELTONA, FLORIDA 32738

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PAGE 2 MOBILE ADMINISTRATIVE SERVICES INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

CINDY L FONTANEZ  
3157 WAINWRIGHT STREET  
DELTONA, FLORIDA 32738

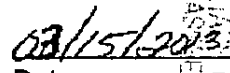
**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

CINDY L FONTANEZ  
3157 WAINWRIGHT STREET  
DELTONA, FLORIDA 32738

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.

  
CINDY L FONTANEZ / Registered Agent

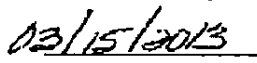
  
Date

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CINDY L FONTANEZ / Incorporator

  
Date

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