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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072480003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

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13 MAY 22 AM 10:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA
62360

**FLORIDA PROFIT/NON PROFIT CORPORATION
MOBILE UNITE 53 CORP.**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MOBILE UNITE 53 Corp.
(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: Bruno Sartori
Name (Printed or typed)

255 OCEANIC AVENUE
Address

FT. LAUDERDALE, FL 33308
City, State & Zip

954-309-1109
Daytime Telephone number

SARTORI@SARTORIUSA.COM
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

MOBILE UNITE S3 CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different from:

5100 BAYVIEW DRIVE

202

FT. LAUDERDALE, FL. 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE COMPANY SHALL
BE ENGAGED IN MOBILE SOLUTIONS AND
CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:

1,000 \$ 0.10 PAR VALUE PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Filippo TRECCA

D-P-S

Address:

5100 BAYVIEW DRIVE #202

FT. LAUDERDALE, FL. 33308

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: BRUNO SARTORI
Address: 255 OCEANIC AVENUE
FT. LAUDERDALE, FL. 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRUNO SARTORI
Address: 255 OCEANIC AVENUE
FT. LAUDERDALE, FL. 33308

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

Bruno Sartori
Required Signature/Registered Agent

5/22/2013
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.

Bruno Sartori
Required Signature/Incorporator

5/22/2013
Date

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