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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

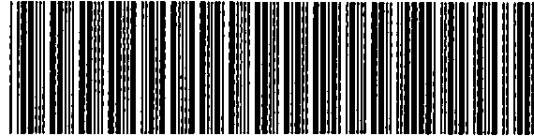
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gf 11/26/14

## COVER LETTER

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

**SUBJECT:** Mobile Sales Universe, 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:** Debbie Faulkner  
Name (Printed or typed)  
3106 Alt US 19 N. Suite B  
Address  
Palm Harbor, Florida 34683  
City, State & Zip  
727-781-7428  
Daytime Telephone number  
debbie@thefaulknerfirm.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)

**ARTICLE I NAME** Mobile Sales Universe, Inc

The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6822 - 22nd Avenue North # 323

St. Petersburg, Florida 33710

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for the purpose of transacting any or all lawful

business for corporations organized under the Florida Business Corporation Act, as amended

"the Act", of the State of Florida

**ARTICLE IV SHARES** 10,000,000

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

(conti.)

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: Debbie Faulkner  
Address: 3106 Alt. US 19 N. Suite B  
Palm Harbor, Florida 34683

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Debbie Faulkner  
Address: 3106 Alt. US 19 N. Suite B  
Palm Harbor, Florida 34683

*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

11/19/14

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.*

  
Required Signature/Incorporator

11/19/14

Date

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