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(Re	questor's Name)			
(110	quester s riame,			
(Ad	ldress)			
<i>(</i> , (2	(d.000)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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05/14/15--01010--023 **78.75

SECRETARY OF STATES OF STATES OF CORPORATE AND A STATES OF CORPORATE A

05/19/15

COVER LETTER

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

Globe Mobile Inc.

Enclosed are an	original and one (1) cop	y of the articles of inc	corporation and a	check for:
□ \$70.0 Filing F	•			\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED
	Colin Seale			
FROM	Conn Seale	Name (Printed o	r typed)	<u>.</u>
	253 NW 199th Street.	`	,	
		Address	· · · · · · · · · · · · · · · · · · ·	
	Miramar, Fl, 33025			
		City, State & Zi	p	
	7865238716			
		Daytime Telephone n	umber	
	Andysmith@globemobile.r	et		
	E-mail address	: (to be used for future	annual report not	ification)

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 corpora				
ARTICLE II PRING	CIPAL OFFICE Principal street address	Mailing address, if different is:		
253 NW 199th Street, I	Miami Gardens, Florida, 33169			
activate cell phones, a	OSE the corporation is organized is: Coccept payments for cell phone service		l phone industry. Buy and selvice. Also accept bill payment	
gas, electric.				
			<u> </u>	JIV SIO
			79	
ARTICLE IV SHAR	ES 200 shares (non par value)		2: 4	ALC S
ARTICLE V INITL Name and Titl	AL OFFICERS AND/OR DIRECTOR e:	RS Name and Title	Colin Seale/Secretary/Treasu	rer
Address	9801 Forest Dr.	Address:	9801 Forest Dr.	
	Miramar, FI 33025		Miramar, Fl. 33025	
Name and Title	:	Name and Title	:	<u>.</u>
Address				
	:			
Address				
				

2 1411112 14	ind Title:	Name and True	·
Addres	SS	Address:	
			
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	ala) of the registered agent is:	
Name:	Colin Seale	or the registered agent is.	
Address:	9801 Forest Dr.		
	Miramar, Fl. 33025		
ARTICLE VII	INCORPORATOR		SECRE DIVISION 15 MAY
The <u>name and a</u>	address of the Incorporator is:		
Name:	Colin Seale		PH 2:4
Address:	9801 Forest Dr.		2: 4
	Miramar, Fl. 33025		- `.;
Effective date, if (If an effective days after the f	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and colling.) e inserted in this block does not meet the application of the Department of State's reconstruction.	annot be more than five busines cable statutory filing requirements.	s days prior or 90 business
Having been na this certificate, I	med as registered agent to accept service of pr am familiar with and accept the appointment	ocess for the above stated corporons registered agent and agree to ac	ation at the place designated in It in this capacity
Lv	Required Signature/Registered Agen		5/7/2015 Date
	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the fa	
	oli Stale		5/7/2015