P 1500053031

(R	equestor's Name)				
(Address)					
(A	ddress)				
(C	ity/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Na	me)			
(D	ocument Number)			
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

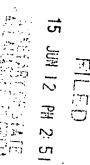
Office Use Only

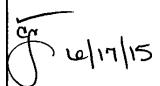
6383 625 -



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05/11/15--01010--005 **78.75





COVER LETTER

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

SUBJECT:	VI MOBILITY INC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCLU</u>	<u>JDE SUFFIX</u>)
Enclosed are an	original and one (1) copy of the art	ticles of incorporation and	l a check for:
☐ \$70. Filing F		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM		e (Printed or typed)	
	801 49TH STREET N.	e (Frimed of Typed)	
		Address	
	ST. PETERSURG, FLORIDA 33710		
	City,	State & Zip	J
	877-341-1118		177 C
	Daytime T	'elephone number	
	Info@am world-	Frans. Com	notification) 3825 N

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2015

ERIC ZIRKLE 801 49TH STREET N. ST. PETERSBURG, FL 33710

SUBJECT: AWT MOBILITY INC Ref. Number: W15000034660

We have received your document for AWT MOBILITY INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 115A00011683

15 JUN 12 PM 2: 2.

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TALL AHASSEE FLOREI

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2015

ERIC ZIRKLE 801 49TH STREET N. ST. PETERSBURG, FL 33710

SUBJECT: AWT MOBILITY INC Ref. Number: W15000034660

We have received your document for AWT MOBILITY INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not allow a business entity to designate a registered agent outside the State of Florida.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 915A00010259

EFFECTIVE DATE OLD 109/15

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

FILED

The name of the corporation shall be:	15 JUN 12 PM 2:
ARTICLE II PRINCIPAL OFFICE	\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P
Principal <u>street</u> address 301 49TH STREET NORTH	Mailing address, if different is:
SAINT PETERSBURG, FL 33710	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ORT PASSENGERS, SHUTTLE BUS OPERATIONS
CHOOL BUS OPERATION, NON EMERGENCY MEDICAL	TRANSPORTATION, MEDICAL TRANSPORATION
BROKERAGE, US POSTAL TRANSPORTATION, LONG HA	AUL TRANSPORTATION,
RTICLE IV SHARES	
Name and Title: Cedric Wore Preside	Name and Title:
Name and Title: Claric Monc Pleside Address Name and File: Address	
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Cedric Worc Pleside 801 49TH STREET NORTH	Name and Title:
Name and Title: Cedric More Preside 801 49TH STREET NORTH SAINT PETERSBURG, FL 33710	Name and Title: Address:
Name and Title: SAINT PETERSBURG, FL 33710 Name and Title:	Name and Title: Address: Name and Title:
Name and Title: SAINT PETERSBURG, FL 33710 Name and Title: Address Name and Title: Address	Name and Title:
Name and Title: Name and Title: Cedric Conc Peside	Name and Title: Address: Name and Title: Address:
Name and Title: SAINT PETERSBURG, FL 33710 Name and Title: Address Address Address Address Address Address Name and Title: Address Ad	Name and Title:
Name and Title:	Name and Title:
Name and Title: SAINT PETERSBURG, FL 33710 Name and Title: Address Address Address Address Address Name and Title: Name and Title:	Name and Title:

Name and	Title:	Name and Title:	
Address		Address:	
	EGISTERED AGENT ida street address (P.O. Box NOT acceptable)	of the registered agent is:	
	TEOSHA LAWSON ESQ	with the following and the first terms are the first terms and the first terms are the	
Address:	801 494h Street N.		
-	Saint retershing, FL 3	<u>3</u> H0	# 7
ARTICLE VII IN	NCORPORATOR		
The name and add	ress of the Incorporator is:		7 7
Name:	CEDRIC MOORE	·	
Address:	3701 OLD COURT ROAD SUITE 19		
	BALTIMORE, MD 21208		를 <u>~</u>
Effective date, if of (If an effective dat days after the filin Note: If the date in	ther than the date of filing. e is listed, the date must be specific and can ge.) discreted in this block does not meet the applicable cive date on the Department of State's records	le statutory filing requirements, t	
Having been name this certificate, I an	d as registered agent to accept service of proce of familiar wift and accept the appointment as r	ss for the above stated corporati egistered agent and agree to act	ion at the place designated in in this capacity
	Required Signature/Registered Agent		Date
I subject this document to the De	nent and affirm that the facts stated herein ar partment of State constitutes a third degree felo	e true, I am aware that the fals ony as provided for in s.817,155,	e information submitted in a F.S.
(aquire	d Signature/Incorporator		$-\frac{4/9/15}{Date}$