

P/5000073106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

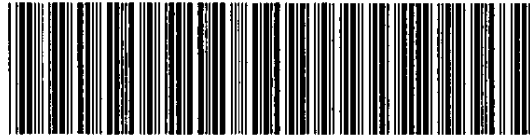
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/28/15--01003--015 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 AUG 28 AM 11:05

⌘ 09/08/15

COVER LETTER

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

SUBJECT: assesor.mobi, 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: William Messett
Name (Printed or typed)

17002 NW 10th St
Address

Pembroke Pines, FL 33028
City, State & Zip

305-495-4111
Daytime Telephone number

messett@gmail.com
E-mail address: (to be used for future annual report notification)

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 corporation shall be: ASSESSOR .mobi, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17002 NW 10th St

Pembroke Pines, FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Agent

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Messett - President Name and Title: _____

Address: 17002 NW 10th St Address: _____

Pembroke Pines, FL 33028 _____

Name and Title: Jeffrey Messett - VICE PRESIDENT Name and Title: _____

Address: 306 S 57th Way Address: _____

Hollywood, Fl 33023 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: William Messett
 Address: 17002 NW 10th St
 Pembroke Pines, FL 33028

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William Messett
 Address: 17002 NW 10th St
 Pembroke Pines, FL 33028


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

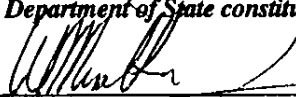


 Required Signature/Registered Agent

08/24/2015

 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

08/24/2015

 Date