P/70000375/9

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
(Sociality Names)				
Cartificat Caning Cartification of Status				
Certified Copies Certificates of Status				
г				
Special Instructions to Filing Officer:				





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17 APR 25 PH 12: 30

EFFECTIVE DATE 04/24/17

2 04/26/17

COVER LETTER

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

SUBJECT:	A 24 SEVEN MOBILE TECH	I INC	
SUBJECT.	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	3525 BARTRAM PARK BLVD. #1		
		Address	
JA	ACKSONVILLE, FL 32258		
	City	, State & Zip	· · · · · · · · · · · · · · · · · · ·
904	1-571-6500		
	Daytime 1	Telephone number	
TN	TRLT1@BELLSOUTH.NET		
	E-mail address: (to be use	ed 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)

	ZIG VELIUG		
03/0 OKEENLAND KOP	rincipal <u>street</u> address AD #7	Mailing address, if different is:	
JACKSONVILLE, FL 32	258		
ARTICLE III PURPOS The purpose for which the	E corporation is organized is:	ALL LAWFUL BUSINES:	5
			5 0
			7 APR
			FIL R 25 IASS
			PH 12: 30
			DA O
ARTICLE V INITIAL Name and Title:_	OFFICERS AND/OR DIRECTORS KHALIL TARSHA - PSD	Name and Title:	
Address _	13525 BARTRAM PARK BLVD #1630		
	ACKSONVILLE, FL 32258		
_			
Name and Title		Name and Tide.	
		_ Address:	
		Address:	
Address		Address:	

Name a	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	KHALIL TARSHA	
Address:	13525 BARTRAM PARK BLVD #1630	
_	JACKSONVILLE, FL 32258	APR 2
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	FILEO APR 25 PM 12: 30 BRLIARY OF STATE AHASSEE FLORIO
The name and a	address of the Incorporator is:	2
Name: Address:	TERENCE N THURSON	30 04 04
	8672 PHILIPS HIGHWAY	_
	JACKSONVILLE, FL 32256	
Effective date, i (If an effective filing.) Note: If the date	date is listed, the date must be specific and cannot be inserted in this block does not meet the applicab	. (OPTIONAL) not be more than five days prior or 90 days after the le statutory filing requirements, this date will not be listed as
the document's	effective date on the Department of State's records	5.
	amed as registered agent to accept service of proce I am familiar with and accept the appointment as i	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
Khae	il-teroha	04/24/2017
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
/1	,	04/24/2017
Req	uired Signature/Incorporator	Date

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