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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		





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COVER LETTER

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

SUBJECT:	Mobile 2 GD (PROPOSED CORPORA	Repail IN	C		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	IDE SUFFIX)		
Carlorad our on onic	had and one (1) constating art	iolay of incorporation and	La check for		
Enclosed are all orig	inal and one (1) copy of the arti	icles of incorporation and	Ta check for.		
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee.		
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
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	1				
FROM:	Windy M	Weent			
FROM	Name	(Printed or typed)			
J.<	Ol Riverside	Nr suite	510		
	, '	radicas			
Coul Course Fl 32015					
Coral Springs FL 33065					
	954 644 Daytime 1	1-9535			
	Daytime T	elephone number			
_	E-mail address: (to be use	ento yat	100.Com		
	E-mail address: (to be use	d 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)

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Name and Title:	Name and Title:
Address	Address:
ADTICLE DI DECISTEDEN ACENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:
Name: Windy mileent	
Address: 2501 Riverside Dr.	
Coral Spring FL 3300	>2
	
ARTICLE VII INCORPORATOR	A Z
The <u>name and address</u> of the Incorporator is:	
Name: Windy Milcent	
Address: 2501 R (Verside Dr S	<u>0,176</u> 219 8
Corel Springs FL	17 AUG -3 AH 8: 50 ALT WESSIN FLURIDA 1.51 AG
ARTICLE VIII _EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and of filing.)	(OPTIONAL) cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the appli- the document's effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.
Having been named as registered agent to accept service of put this certificate, I am familiar with and accept the appointment	rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
Mainly Mir Card	7-30-17
Required Signature/Registered Agen	t Date /
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a efforty as provided for in s.817.155, F.S.
Mindy Million	7-30.17 Date
Required Signature/Incorporator	Date