

P/70000659/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

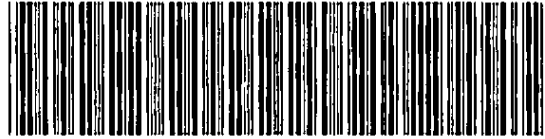
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/03/17--01022--007 ++70.00

FILE
17 AUG -3 AM 5:30
STATE
FLORIDA

08/07/17

COVER LETTER

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

SUBJECT: Mobile 2 GO Repair 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: Windy Milcent
Name (Printed or typed)

2501 Riverside Dr suite 510
Address

Coral Springs FL 33065
City, State & Zip

954 644 - 9535
Daytime Telephone number

windy.milcent@yahoo.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: Mobile 2 Go Repair INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2501 Riverside Dr Suite 510
Coral Springs FL 33065

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Repair broken device
like cell phone, Tablet and much more

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

ident

Name and Title: Windy Milcent (President) Name and Title: _____

Address: 2501 Riverside Dr 510 Address: _____

Coral Spring FL 33065

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

17 AUG -3 AM 8:50
STATE
FLORIDA

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: Windy Milcent
Address: 2501 Riverside Dr Suite 510
Coral Springs FL 33065

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Windy Milcent
Address: 2501 Riverside Dr Suite 510
Coral Springs FL 33065

DEPARTMENT OF STATE
HALLWAY FLORIDA

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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 days prior or 90 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

Windy Milcent
Required Signature/Registered Agent

7-30-17
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.

Windy Milcent
Required Signature/Incorporator

7-30-17
Date