## PP00007469

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

Office Use Only

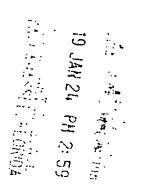
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January 14, 2019

JIM TRAN 4712 58TH AVE N ST PETERSBURG, FL 33714

SUBJECT: HITEK MOBILE INC. Ref. Number: W19000004406

We have received your document for HITEK MOBILE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return 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.

Keyna E Page Regulatory Specialist II

www.sunbiz.org

\_\_\_\_

Letter Number: 919A00000998

## **COVER LETTER**

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

SUBJECT: Hitek M	lobile Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	n Tran Nam 2 58th Ave N	e (Printed or typed)	
	* * * * * * * * * * * * * * * * * * * *	Address	
St F	Petersburg, FL 33714		
	City	State & Zip	
	Daytime Î	elephone number	
jiml	oatran@gmail.com		
	E-mail address: (to be use	d for future annual report i	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)

he name of the corpora			
RTICLE II PRING	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing addre	ss, if different is:
t Petersburg, FL 3371			
	***		
RTICLE III PURP			
ale and repair cellpho			
	stock is:   AL OFFICERS AND/OR DIRECT  e: Jim Tran President	ORS  Name and Title: Ngan T. Pha	MICO LIESTICOSI
Address	4712 58th Ave N	Address: 4712 58th A	
	St Petersburg, FL 33714	St Petersburg	g, FL 33/14
N 1 271.4		Name and Tides	
		Name and Title:	
Address		Address:	
			9 JA
			☆ ≥ 本
Name and Title	:	Name and Title:	24 A
Name and Title		Address:	1717

Name a	nd Title:	Name and Title:	-
Addres	ss	Address:	-
		<del></del>	-
			-
	REGISTERED AGENT		
The name and I	Florida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Jim Tran		
Address:	4712 58th Ave N	<del></del>	
	St Petersburg, FL 33714	JAN 21	
ARTICLE VII	<u>INCORPORATOR</u>	21 P	
The name and :	address of the Incorporator is:		
Name:	Jim Tran		
Address:	4712 58th Ave N		
	St Petersburg, FL 33714		
APTICLE VIII	EFFECTIVE DATE:		
Effective date, i (If an effective	f other than the date of filing:	. (OPTIONAL) I cannot be more than five business days prior or 90 business	
days after the l	īling.)	·	
	e inserted in this block does not meet the appetition of State's reflective date on the Department of State's re	nlicable statutory filing requirements, this date will not be listed a ecords.	s
Having been na this certificate, l	imed as registered agent to accept service of I am familiar with and accept the appointme	process for the above stated corporation at the place designated at the place designated at the second agent and agree to act in this capacity	in
		1/3/19	
	Required Signature/Registered Ag	ent Date	•
I submit this do	ocument and affirm that the facts stated her	ein are true. I am aware that the false information submitted in	а
document to the	Department of State constitutes a third degr	ee felony as provided for in s.817.155, F.S.	
		1/3/19	
Real	aired Signature/Incorporator	Date	•