

P9600006/88
TRANSMITTAL LETTER

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

800001674688
-01/02/96--01023--009
*****78.75 *****78.75

SUBJECT: Pass Mobile Service, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Clayton L. Pass
Name (printed or typed)

P.O. Box 1257
Address

Macleenny, FL 32063
City, State & Zip

912-843-8112
Daytime Telephone number

696 371

11596

00678
00678
00678

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 5, 1996

CLAYTON L. PASS
POST OFFICE BOX 1257
MACCLENNY, FL 32063

We have received your document for PASS MOBILE SERVICE, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

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 (904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 096A00000647

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Pass Mobile Service, Inc.

FILED
96 JUN 22 PM 6:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 1257
Maccleenny, FL 32063

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 (one thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Clayton L. Pass
~~14422~~ 14422 Sydney Rd.
Sydney FL, 33587

P.O. Box 1257
Maccleenny, FL 32063

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Mailing Address { Clayton L. Pass
P.O. Box 1257
Maccleenny, FL 32063

Clayton L. Pass
14422 Sydney Rd
Sydney, FL 33587
(Physical Address)

Elaine S. Pass
P.O. Box 1257
Maccleenny, FL 32063

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15th day of January, 19 96.

Clayton L. Pass
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Pass Mobile Service, Inc.

2. The name and address of the registered agent and office is:

Clayton L. Pass
(NAME)

14422 Sydney Rd.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Sydney, FL 33587
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Clayton L. Pass

(SIGNATURE)

1-15-96

(DATE)