TRANSMITTAL LEGENCE US 9220

97 JUL -7 AMM: 25

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

SUBJECT: ME	PILE ACCOUNTING Proposed compon	TAC - ale name - must include suff		— 018——8 94—004 *****70.00
Enclosed is an original a	and one(1) copy of the article	s 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	
FROM: DE	Lude AssociA Name (Printed	ADDITIONAL CO	PY REQUIRED	
	103 E. L	SOCIATES, INC. AUREN CT RK, FL. 32730		
	Daytime Teleph	none number	··· ·	

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

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. TALLAHASSEE, FLORIDA

> ARTICLE I **NAME**

The name of the corporation shall be: Mobile AccounTING, INC.

> ARTICLE II PRINCIPAL OFFICE

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

103 E. LAWFEN Ct

FERN PARK, FLORIDA 32730

ARTICLE III **SHARES**

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

200 Hundred shares at \$1000 A Share

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Edward Delude

DELUDE ASSOCIATES, INC. 103 E. LAUREN CT FERN PARK, FL. 32730

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): DIANK COONE PRESIDENT TRES WILLIAM HALL VICE PRES Sec. 201 CARRIAGE HILL DR. CASSEL Berry, FLORIDA 32730 TEEN PACK FLORIDA 32730

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

30 day of ________, 19 97.

(An additional article must be added if an effective date is requested.)

Signature
Signature
Signature

Signature

Notarization is not required

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

97 JUL -7 AM II: 25

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDATE THE FIDE 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 MBILE ACCOUNTING INC.
2.	The name and address of the registered agent and office is:
	KDWARD DE/Ude
	DELUDE ASSOCIATES, INC.
	(P. O. Box or MalfDied Box NOT Acceptable) FERN PARK, FL. 32730 407-830-4997
	(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.

(SIGNATURE) (SIGNATURE) (SIGNATURE) (DE Judice) (DATE)