

TRANSMITTAL LETTER

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

FILED
99 AUG 16 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: 99000074337
Your Source 4 Mobility, Inc.
(Proposed corporate name - must include suffix)

400002960954--8
-08/16/99--01108--002
*****78.75 *****78.75

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Patrick H. Mullen
Name (Printed or typed)
2912 Salem Ave.
Address
Sarasota, FL 34232
City, State & Zip
941-780-4176
Daytime Telephone number

F. Chesson AUG 20 1999

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Your Source 4 Mobility, Inc.

ARTICLE II PRINCIPAL OFFICE

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

757 APEX ROAD, #6
Sarasota, FL 34240

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Patrick H. Mullen
2912 Salem Ave., Sarasota, FL, 34232

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Patrick H. Mullen
2912 Salem Ave., Sarasota, FL. 34232

Patrick H. Mullen

Signature/Incorporator

August 11, 1999

Date

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

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.

Patrick H. Mullen

Signature/Registered Agent

August 11, 1999

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 16 AM 8:57

FILED