

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **profit corporation**.
2. The name of the entity is: **MOBILE MANAGEMENT , INC.**
3. The state or country whose law the entity is organized is **Oklahoma**.
4. The date of organization is **6/18/2012** and the period of duration is **perpetual**.
This Filing is Effective on Monday, February 5, 2024

5. Principal Office

4352 SE 95th Street
Ocala, FL 34480

6. Required Representatives

Secretary	Tina Allen	4352 SE 95th St	Ocala	FL	34480
Officer	Joseph Fernandez	4352 SE 95th St	Ocala	FL	34480

7. Registered Agent/Office

Corporation Services Company
421 West Main Street
Frankfort, KY 40601

I, **Tina Allen**, consent to sign for **Corporation Services Company** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, February 5, 2024

As the Authorized Representative, I, **Tina Allen**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Secretary**