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1 OF 2

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES,  
 Account Number : I20020000094  
 Phone : (770)777-2091  
 Fax Number : (770)220-1943

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
13 DEC 12 AM 8:01  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
SUREFLY MOBILE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUREFLY MOBILE, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Sharon K. Gray**

Name of Person

**Triad Professional Services, LLC**

Firm/Company

**1720 Windward Concourse, Ste. 390**

Address

**Alpharetta, GA 30005**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sharon K. Gray**

Name of Person

at ( **770** ) **777-2091**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
SUREFLY MOBILE, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

**ARTICLE I  
NAME**

The name of the limited liability company is SureFly Mobile, LLC.

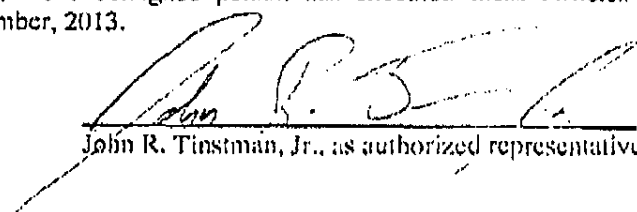
**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal place of business of the Company is 90 NE 19<sup>th</sup> Street, Homestead, Florida 33030.

**ARTICLE III  
REGISTERED AGENT AND OFFICE**

The street address of the initial Registered Office of this Corporation in the State of Florida shall be 1200 South Pine Island Road, Plantation, FL 33324. The name of the initial Registered Agent of this Corporation at the above address shall be NRAI Services, Inc.

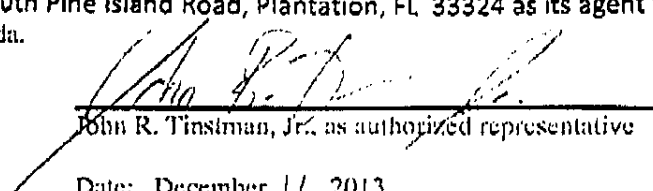
IN WITNESS WHEREOF, the undersigned person has executed these Articles of Organization this 11<sup>th</sup> day of December, 2013.

  
\_\_\_\_\_  
John R. Tinstman, Jr., as authorized representative

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 608.415, Florida Statutes, the following is submitted:

That SureFly Mobile, LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 90 NE 19<sup>th</sup> Street, Homestead, Florida 33030, has named NRAI Services, Inc., 1200 South Pine Island Road, Plantation, FL 33324 as its agent to accept service of process within Florida.

  
\_\_\_\_\_  
John R. Tinsman, Jr., as authorized representative

Date: December 11, 2013

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of his duties.

  
\_\_\_\_\_  
NRAI Services, Inc.

Date: December 12, 2013