Division of Corporations

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### Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

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## LIMITED LIABILITY COMPANY

MOBILITY UNLIMITED I, LLC.

G-WE - CC	- Walter 11
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Company is:

#### ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

Pursuant to Florida Statutes Chapter 608 et seq. "The Florida Limited Liability Company Act" as amended, the below named entity adopts these Articles of Organization as of the date and time when these Articles of Organization are filed, as evidence by the Department of State's date and time endorsement on this original document, in accordance with the following:

#### <u>ARTICLE I - NAME.</u>

The name of the Limited Liability Company is:

MOBILITY UNLIMITED I, LLC. <u> ARTICLE II – ADDRESS.</u> The mailing address and street address of the principal office of the Limited Lie

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4984 West Atlantic Blvd. Margate, FL. 33063

#### <u> ARTICLE III – REGISTERED AGENT.</u>

The name and the Florida street address of the registered agent is:

Shomar Accounting, P.A. c/o Shadi Shomar 5190 NW 167th Street # 113 Miami, FL. 33014 Telephone (305) 474-0086 Facsimile (305) 474-0087

Having been named as registered agent and to necept service of process for the above maded Limited Liability Company 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

# ARTICLE IV - MANAGEMENT. [Check the appropriate box and complete the statement]

The Limited Liability Company (LLC) is to be managed by a manager or managers and the name (s) and address (es) of such manager (s) who is/are to serve as manager (s) is/are:

William Saade 4984 West Atlantic Blvd. Margate, FL. 33063

Jean-Pierre Saade 4984 West Atlantic Blvd. Margatè, FL. 33063

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

### ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The existing members of this LLC must approve the admission of new members by unanimous vote. Upon such approval, new members shall be accorded all rights associated with membership in this LLC.

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## ARTICLE VI - MEMBER'S RIGHT TO CONTINUE BUSINESS.

The right, if given, of the remaining members of this LLC to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The unanimous approval of the remaining members is required to continue the business of this LLC upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in this limited liability company. Otherwise, this LLC shall exist perpetually,

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Shadi Shomar/Registered Agent Typed or printed name of member