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To:

Division of Corporations

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: (850)205-0383 .,

From:

Account Name

: MICHAEL A. PYLE, P.A.

Account Number : 120000000053

Phone Fax Number (386) 615-9007. (386) 676-2615

LIMITED LIABILITY COMPANY

TRANS MOBILE, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF TRANS MOBILE, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I NAME

The name of the Limited Liability Company is TRANS MOBILE, LLC.

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is 1 Corporate Drive, Ste. 2-1. Palm Coast, Florida 32137

ARTICLE III REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent is Charles Frank Buglione, 1 Corporate Drive. Ste. 2-1. Palm Coast. Florida 32137

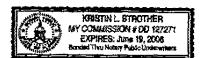
IN WITNESS WHEREOF, the undersigned Authorized Bepresentative has executed these Articles of Organization on this ______ day of August, 2014,

CARLY FINNICUM

HARLES FRANK BUOLIONE

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this _____ day of August, 2004, by CARLA FINNICUM and CHARLES FRANK BUGLIONE who □ are personally known to me, or ______ who presented Florida drivers licenses or □ ______ drivers license or □ ______ as identification.



Notary Public Statter.
(Printed Name)

My Commission Expires:

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Flerida Statutes.

CHARLES FRANK BUGLIONE

Registered Agent

DIVISION OF CORPORATION