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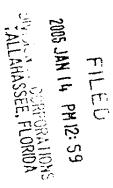
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TRANSMITTAL LETTER

	Registration Sec Division of Cor					
SUBJECT: LAKELAND MOBILITY, LLC (Name of Limited Liability Company)						
The encio	sed Articles of	Organization and fee(s) are st	ubmitted for filing.			
Please ret	um all correspo	ondence concerning this matter	r to the following:			
	WILLIAM	JENKINS				
		()	Name of Person)	2005 JAN 14 PH 12: 59 OUT ALLAH SSEE, FLORIDA		
		(I	Firm/Company)	SSEE, F		
	2302 E. Edgewood Drive					
	LAKE	LAND, FL 33803 (City/	State and Zip Code)			
For further	er information o	oncerning this matter, please	call:			
WILLIAN	A JENKINS (Name	of Person)	at (863) 838-4213 (Area Code & Daytime Te	lephone Number)		
Enclosed	l is a check for	r the following amount:				
7) \$125.0	O 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)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection prorations			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ZMS JAN LA PA RZ: S
LAKELAND MOBILITY, LLC	A Section of the sect
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company isso
Principal Office Address:	Mailing Address:
2302 E. Edgewood Drive	2302 E, Edgewood Drive
LAKELAND, FL 33803	LAKELAND, FL 33803
The name and the Florida street address of the re WILLIAM JENKINS	gistered agent are:
Name	
2302 E. Edgewood Drive	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
LAKELAND, FL 33803	FL
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited ais certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	WILLIAM JENKINS 2302 E. Edgewood Drive LAKELAND, FL 33803
MGRM	JAMI JENKINS 2302 E. Edgewood Drive LAKELAND, FL 33803
	PA 12: 59 PA 12: 59
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

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

WILLIAM JENKINS

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)