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## **COVER LETTER**

TO: Registration Se Division of Co						
SUBJECT: MOW	ALL LLC	d Liability Compa	)			
	(Name of Limite	с глаонну Сотра	пу)			
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing	<b>;.</b>			
Please return all corresp	ondence concerning this matte	er to the following:	:			
H. Lee W	all					
	(	Name of Person)				
MOWALL	LLC					
<del></del>		(Firm/Company)				
225 East	Lemon Street S	Suite 205				
		(Address)				
Lakeland	FL 33801					
	(City	/State and Zip Code	)			
For further information	concerning this matter, please	call:			OS SE	FILED 7: 59
H. Lee Wali		at ( <b>863</b>	683-07	08	発売	S OF B
(Name	of Person)		& Daytime Te	elephone Number)	SEE	=
Enclosed is a check for	or the following amount:				F ST	<u>.</u>
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	у	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &	9
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton B 2661 Exe	purier Addression Section of Corporation uilding secutive Center see, FL 32301	ons r Circle		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MOWALL LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company," Liability Company, "Liabi	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
225 East Lemon Street Suite 205 Lakeland FL 33801	225 E. Lemon Street Suite 205 Lakeland FL 33801
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:  TALLARY OF AMASSEE, OF TARY OF T
H. Lee Wall	£ 7 2
Name	SAR, O
225 E. Lemon Street Su	ress (P.O. Box NOT acceptable)
Lakeland FL 33801 City, State, a	FL 2:"
City, State, a	iiid Zip
<u> </u>	accept service of process for the above stated limited his certificate. I hereby accept the appointment as

Having been named as registered agent and to accept service of process for the above stated 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 I 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 (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	H. Lee Wall 225 E. Lemon Street Suite 205 Lakeland FL 33801
MGR	Todd Wall  225 E. Lemon Street Suite 205  Lakeland FL 33801
MGR	Douglas Mauborgne 225 E. Lemon Street Suite 205 Lakeland FL 33801

### **REQUIRED SIGNATURE:**

to or 90 days after the date of filing.)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

H. Lee Wall

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)