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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
THE AMOSSEE, FLORID.



COVER LETTER

| TO: | Registration S Division of Co | | | |
|----------|----------------------------------|--|---|--|
| SUBJE | CT: | MoBile MARITIA | M TRAINING LLC d Liability Company) | • |
| The end | closed Articles o | of Organization and fee(s) are s | ubmitted for filing. | |
| Please 1 | return all corresp | ondence concerning this matte | er to the following: | |
| | | ROBERT Nels | ion CAR DOW | |
| • | | (| Name of Person) | |
| | | Mobile Mason | WE TRAINING LL Firm/Company) | |
| - | | TO STATE OF THE PARTY OF THE PA | Firm/Company) | |
| | 6 | West Dix | e Husa. | |
| - | | | () | |
| | h | PANIA Bonch, | FL 33004 (State and Zip Code) | - 4312 |
| - | | (City | /State and Zip Code) | |
| For furt | her information | concerning this matter, please | call: | |
| |) | - , | , | 1827 |
| _/(| (Name | of Person) | at (95Y) 257- (Area Code & Daytime Telep | hone Number) |
| Enclose | ad is a check fo | or the following amount: | | |
| | | \$130.00 Filing Fee & Certificate of Status | | 3160.00 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 Cit Tallahassee, FL 32301 | O6 AU SECRI TALLAI |

TILEU 16 AUG -2 AH 9: 18 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|---|
| The name of the Limited Liability Company is: |
| Mobile Marchine Transing LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 1050 SW 2 Mest Dire Huy |
| DAMA Beach, FL DAMIA Buch FL 33014-4312 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) |
| The name and the Florida street address of the registered agent are: |
| Trek G. Benthover PS & S |
| |
| 2 West Dixie Highway Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) |
| Florida street address (P.O. Box NOT acceptable) |
| DANIA Bench FL 33604-4312 FG 5 City, State, and Zip |
| City, State, and Zip |
| 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 |
| Lack Stone Rewittenie |
| Registered Agent a Squature (REQUIRED) |

(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:

| <u>Title:</u> "MGR" = Manager | • | Name and Address: | |
|--|--|--|---------------------------------|
| "MGRM" = Managing | Member | | |
| MGRM | · . | ERIC C. Dybir 5400 Novin Oc Hollywood, FO | G - 33019 |
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| Tise attachment if nece | - -ccarv) | | <u> </u> |
| LE V: Effective date, if fective date is listed, the days after the date of the date. | f other than the date of the date must be specifiling.) | of filing: | (OPTIO |
| LE V: Effective date, if fective date is listed, the days after the date of the date. | f other than the date of the date must be specifiling.) | of filing: | . (OPTIO |
| LE V: Effective date, if fective date is listed, the days after the date of th | f other than the date of the date must be specifiling.) TURE: | of filing: cific and cannot be more | than five business o |
| fective date is listed, the days after the date of this fective date is listed, the days after the date of this fective date of this days after the date of the date of the date of the days after the da | f other than the date of the date must be specifiling.) TURE: Ture of a member or all cordance with section 6 is document constitutes at the facts stated herein a | ific and cannot be more and the control of the cont | than five business of a member. |

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)

Page 2 of 2