L070000/6333

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer:	- Indiana and a second
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

& BRYAN FEB 1 4 2007;

COVER LETTER

TO: Registration S Division of Co		-			
SUBJECT: Mobile				. ,	
	(Name of Limite	ed Liability Company)			
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
Dewayne	G. Reid				_
		Name of Person)			
Mobiles I	n Demand			07	0 V S
	•	(Firm/Company)		333	SICE
11331 S	W 153 ST			~~	PER PE
•	·	(Address)		-p	840 840
Miami, F	L, 33157			PH 3:	STAT
	(City	/State and Zip Code)	-	27	SK CK
For further information	concerning this matter, please	call:			
Densyne	Reid	at (736) 210-	5738		
/ (Name	e of Person)	(Area Code & Daytime Te	elephone Number)		
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is end	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns ·		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company i	is:
Mobiles In Demand LLC	
(Must end with the words "Limited Liability Company, "Lin	nited 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:
11331 SW 153 ST	11331 SW 153 ST
Miami, FL, 33157	Miami, FL, 33157
(The Limited Liability Company cannot serve as its own Results business entity with an active Florida registration.) The name and the Florida street address of the Dewayne G. Reid Name	FEB 12 PM
44004 000 450 07	3: 27
11331 SW 153 ST	ddress (P.O. Box NOT acceptable)
Miami, FL, 33157 City, State	FL
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member MGR	
MGR	
	Dewayne G. Reid
	11331 SW 153 ST
	Miami, FL, 33157
	
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	THE SECTION
	12 cm
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	2
(Use attachment if necessary)	-1 45
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days price
\cap	$\alpha \neq \beta$
Henry	Da Von
	for an authorized representative of a member.
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of periury

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)