

LD9000031064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

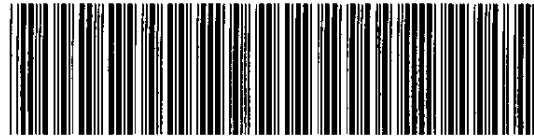
Special Instructions to Filing Officer:

L. SELLERS

MAR 31 2009

EXAMINER

Office Use Only



200147874182

03/30/09--01025--023 **150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 30 AM 8:36

FILED

FINANCIAL EXECUTIVE CONSULTANTS

Financial, Estate & Tax Planning

Forensic Accounting & Management Services

P.O. Box 18332

Tampa, Florida 33679-8332

813-282-0411

March 27, 2009

Registration Section

Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

Re: Certificate of Conversion, Articles of Organization, and
fees for Mobility, Inc. to Mobility LLC.

Dear Sir or Madam:

The enclosed are submitted in connection with the above including a money order for \$150.00 to cover the fees.

Please return all correspondence concerning this matter to the undersigned at the above address and, for further information concerning this matter, please call me at the above number.

Your assistance is very much appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Stephen McConnell". The signature is fluid and cursive, with a large, stylized "M" at the end.

Enclosures as indicated.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOBILITY LLC 

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

W. S. McCONNELL

(Contact Person)

FEC

(Firm/Company)

P.O. BOX 18332

(Address)

TAMPA, FL 33679-8332

(City, State and Zip Code)

For further information concerning this matter, please call:

W. S. McCONNELL

(Name of Contact Person)

at (813) 282-0411

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
MOBILITY, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 07/11/1994
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

MOBILITY LLC


(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)


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09 MAR 30 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signed this 27TH day of MARCH 2009.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: 
Printed Name: ROY G. BREITENBACH Title: MGRM

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 
Printed Name: ROY G. BREITENBACH Title: CHAIRMAN

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOBILITY LLC ☐

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4008 ROSEPOINTE CT. ☐
TAMPA, FL 33614 ☐

Mailing Address:

4008 ROSEPOINTE CT.
TAMPA, FL 33614 ☐

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:

ROY G. BREITENBACH
Name
4008 ROSEPOINTE CT.
Florida street address (P.O. Box **NOT** acceptable)
TAMPA, FL FL 33614
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..

✓ Roy G. Breitenbach
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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 _____

PATRICIA BREITENBACH, TRUSTEE +
4008 ROSEPOINTE CT. +
TAMPA, FL 33614 +

MGRM _____

ROY G. BREITENBACH, TRUSTEE
4008 ROSEPOINTE CT.
TAMPA, FL 33614 +

MGRM _____

PATRICIA BREITENBACH +
4008 ROSEPOINTE CT. +
TAMPA, FL 33614

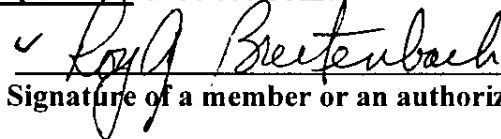
MGRM _____

ROY G. BREITENBACH +
4008 ROSEPOINTE CT.
TAMPA, FL 33614 +
(Use attachment if necessary).

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)

(The effective date: **1**) cannot be prior to nor more than **90** days after the date this document is filed by the Florida Department of State; **AND 2**) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

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.)

ROY G. BREITENBACH

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)