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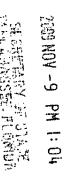
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T. CLINE

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**EXAMINER** 

# **COVER LETTER**

TO:

Registration Section

SUBJECT:	Mobbly Bay	Cons	sulting S	ervices Ll	₋C.		
	Name of Limit	ed Liab	ility Compar	ny			
The enclosed Articles	s of Organization and fee(s) are	submitt	ed for filing.				
Please return all corre	espondence concerning this mat	ter to th	e following:				
	S		J. Sokol				
		Name o	of Person				
	Mobbly Bay	Consu	ulting Serv	rices LLC.			
		Firm/C	Company			,	
	142	Mobbly	y Bay Driv	⁄e			
			dress				
	Oldsn	nar. Fl	orida 346	8 <b>7</b> 7			
<del></del>			ınd Zip Code		_	28	
<u> </u>			@yahoo.			TT CA	<u> </u>
	E-mail address: (to be used		e annual repor	t notification)			-9
For further information	on concerning this matter, pleas	e call:				10 gr	
St	even Sokol	at (	813 )	52	28-6637		PH 1: 04
Nan	ne of Person	_	Area Code &	& Daytime Teler	hone Number	<b></b>	<del>1</del> 0
Enclosed is a check	for the following amount:						
\$125.00 Filing Fee	e \$\int\$\$130.00 Filing Fee & Certificate of Status	Ce	55.00 Filing ertified Copy ditional copy	y <del></del>	\$160.00 Fili Certificate of Certified Co (additional co	of Status opy	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registratio Division o Clifton Bu 2661 Exec	f Corporations	ircle		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Mobbly Boy Con	sculting Sandoos II C	
(Mu		sulting Services LLC. ted Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:		
The mailing addres	s and street address o	f the principal office of the Limited	Liability Company is:
Principal Office A	ddress:	Mailing Address:	
142 Mobbly Bay Drive		142 Mobbly Bay Drive	
Oldsmar, Florida	34677	Oldsmar, Florida 34677	<u>′</u>
business entity with an a	active Florida registration.) Florida street address	wn Registered Agent. You must designate an in of the registered agent are:	100
	Ste	even J. Sokol Name	
			PH -: OL
	142 M	ODDIV DAV DIIVE	CC 2 *** ====
	**************************************	obbly Bay Drive ess (P.O. Box <u>NOT</u> acceptable)	
	**************************************	ess (P.O. Box NOT acceptable)	<del></del>
	Florida street addre Oldsmar, FL 34	ess (P.O. Box <u>NOT</u> acceptable)	, <b>2</b> €

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

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

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member	•		
MGRM	Steven J. Sokol		
	142 Mobbly Bay Drive	<u> </u>	
	Oldsmar, Florida_34677	_	
		<del></del>	
		_	
		_	
(Use attachment if necessary)	red Frances		
<b>LE V:</b> Effective date, if other than the da	\	IOÑAL)	
effective date is listed, the date must be s I days after the date of filing.)	pecific and cannot be more than five busines	1	prio
	and the second of the second o		ŗ
	हेर्नु		E
REQUIRED SIGNATURE:	index (med mindex mindex mindex	PX	
	MOR		
REQUIRED SIGNATURE:	Mac.	PX	
REQUIRED SIGNATURE:  Signature of a member o  (In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	PX	E. Carlotte A. Car
REQUIRED SIGNATURE:  Signature of a member of this document constitution of this document constitution.	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	PX	Programme (a)
Signature of a member of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury are true.)	PX	Ray Barbar Ray 2

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