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SECRETARY OF STATE
TALLAHASSEF, FLORIE

D. BRUCE

FEB 15 2011

EXAMINER

EFFECTIVE DATE 2/15/11

COVER LETTER

TO:'	Registration Section Division of Corporations
SUBJE	CCT: MobileMixologist LLC Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
•	Jeremie Moore Name of Person
	MobileMixologist
	Firm/Company
-	5429 NE 1st Terrace Address
Ç	Dakland Park, FL 33334
<u>!</u>	City/State and Zip Code Mobilemixologist@yahoo.com E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
Jerem	nie Moore at (954) 604-0595 S S S S S S S S S S S S S S S S S S
<i>t</i>	red is a check for the following amount: Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status \$\int \text{Certified Copy (additional copy is enclosed)}} Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	18:	
MobileMixologist LLC		
	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Liability Compar	ıy is
Principal Office Address:	Mailing Address:	
5429 NE 1st Terrace	5429 NE 1st Terrace	
Oakland Park, FL 33334	Oakland Park, FL 33334	
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual for another ARRY THE PROPERTY OF THE PROPERTY	<u> </u>
Jeremie Moore		
INA		3
1390 NE 33 street	ATE RID.	
Florida street	t address (P.O. Box NOT acceptable)	
Oakland Park	_{FL} 33334	
City	, State, and Zip	
	to accept service of process for the above stated lin	nitea

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

EFFECTIVE DATE 2/15/11

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 "MGRM" = Managing Member	Name and Address:				
Manager	Jeremie Moore				
Managing Member	Taylor Moore Hart				
Managing Member	Jonathan Hart				
Managing Member	Lisa Stevens				
(Use attachment if necessary)					
ARTICLE V: Effective date, if other than the date of filing: 2-15-2011 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)					
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 deciment constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department State constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee					
Filing Fees:	a or printed name of signee				

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)