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(Reques	tor's Name)	
(Address	5)	
(Address	s)	
(City/Sta	te/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busines	ss Entity Name)	
(Docume	ent Number)	
Certified Copies	Certificates of Stat	us
Special Instructions to Filing	Officer:	

A. LUNT

FEB 21 2011

EXAMINER

Office Use Only



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2012 FEB | 7 AM AM BU

COVER LETTER

	on Section f Corporations				
SUBJECT: All	Web n Mobile LLC				
		ed Liability Company		_	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.			
Please return all cor	respondence concerning this mat	ter to the following:			
Chris V	Viggerman				
		Name of Person			•
All We	b n Mobile LLC				
		Firm/Company			•
2488 C	Coronet Ct.		三	2012	
		Address	De Inc	£E8	ri anny
Spring F	lill, FL 34609		ARY SSE	17	
		y/State and Zip Code	7	垩	11
info@allv	webnmobile.com		က် ရာ သည်	***	, Inc.
	E-mail address: (to be used t	for future annual report notification)	€ /∰	-C	
For further informat	tion concerning this matter, please	e call:			
Chris Wiggerr		at (352) 346-9969		_	
N	ame of Person	Area Code & Daytime Tele	phone Number		
Enclosed is a chec	k for 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 S Certified Copy (additional copy i	Status &	
	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 C Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	S :	
All Web n Mobile LLC		
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
All Web n Mobile LLC	All Web n Mobile LLC	2012 FEB
2488 coronet Ct.	2488 Coronet Ct	
Spring Hill, FL 34609	Spring Hill, FL 34609	The state of the s
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an individ	Signature: 7
Chris Wiggerman		
Nam	e	
2488 Coronet C	<u>t.</u>	
Florida street a	ddress (P.O. Box NOT acceptable)	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Spring Hill

(CONTINUED)

Title:	Name and Address:	PH IS
"MGR" = Manager	Name and Address.	Sa B
"MGRM" = Managing Member		五五 一
MGKM - Managing Member	•	55.7
MGR	Chris Wiggerman	7
	2488 Coronet Ct.	الم المن المن المن المن المن المن المن ا
	Spring Hill, FL 34609	24
		757
		*
		
		
		_
	Face Co. 1984 - Annual Co. 198	
(Use attachment if necessary)		
•		(OPTIO)
LE V: Effective date, if other than the		
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)		
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memi	be specific and cannot be more the	an five business d
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memily (In accordance with section 60 constitutes an affirmation under the constitutes are affirmation under the constitutes are section for the constitutes are affirmation under the consti	be specific and cannot be more that the specific and cannot be specifically and cannot be specific and cannot be specific and cannot be specific and cannot be specifically and cannot be specificall	an five business d
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memily of a mem	be specific and cannot be more that the ber of an authorized representative of a 08.408(3), Florida Statutes, the execution	an five business d

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)