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COVER LETTER

10: Registration Division of (Section Corporations		
SUBJECT. iMob	oile Marketing LLC		
SUBJECT.		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
John A.	Garofano		
		Name of Person	2012 APR
		Firm/Company	10 - 9 - 9
13414 K	ane Road		
		Address	
Spring Hil	I, FL 34609		9
		y/State and Zip Code	
jag3@tam	pabay.rr.com		
	E-mail address: (to be used f	for future annual report notification)	
For further informatio	on concerning this matter, please	e call:	
John A. Garofa	no	at (352) 232-0852	
Nam	ne of Person	Area Code & Daytime Telephone Nur	mber
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	10 Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

iMobile Marketing LLC	
······································	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
13414 Kane Road Spring Hill, FL 34609	13414 Kane Road Spring Hill, FL 34609
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
John A. Carofona	o
John A. Garofano	, and the same of
John A. Garofano	Name
13414 Kane	Name
13414 Kane	Name
13414 Kane	Road

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..

Page 1 of 2

(CONTINUED)

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	APR -9 PM
MGR	John A. Garofano	The R
	13414 Kane Road	**************************************
	Spring Hill, FL 34609	****
LE V: Effective date, if other tha	n the date of filing:	
fective date is listed, the date modays after the date of filing.)	n the date of filing: ust be specific and cannot be more than five t	
LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE:		business day
LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false)	ust be specific and cannot be more than five b	r. cument in are true.
LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false)	ember or an authorized representative of a member on 608.408(3), Florida Statutes, the execution of this do under the penalties of perjury that the facts stated here information submitted in a document to the Department felony as provided for in s.817.155, F.S.)	r. cument in are true.
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false constitutes a third degree	ember or an authorized representative of a member on 608.408(3), Florida Statutes, the execution of this do under the penalties of perjury that the facts stated here information submitted in a document to the Department felony as provided for in s.817.155, F.S.)	r. cument in are true.