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EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Corporations

MOBILE DEVELOPERS WORLDWIDE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Julia Greenberg-Aquilar MyUSAcorporation.com Firm/Company 40 Exchange Place STE 1301 Address New York, NY 10005 City/State and Zip Code julia@myusacorporation.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julia Greenberg-Aguilar Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

Mailing Address

__\$130.00 Filing Fee &

Certificate of Status

\$125.00 Filing Fee

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

Street/Courier Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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

\$160.00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOBILE DEVELOPERS WORLDWIDE LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
301 CLEMATIS STREET W PALM BEACH, FL 33401	301 CLEMATIS STREET W PALM BEACH, FL 33401	<u> </u>	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)		r anothera	
The name and the Florida street address of the	registered agent are:	100 M	<u>.</u>
Incorp Services, Inc		1388 Y3388	
Name			
17888 67th Cou	urt North	6: 17 STATE FORMUL	Ē
Florida street add	dress (P.O. Box NOT acceptable)		
Loxahatchee,	_{FL} 33470		
City, St	ate, 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.

(CONTINUED)

egistered Agent's Signature (REQUIRED)

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

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

ODZ, POLANI	ONKI 2 #12		- - -
NNY JAGIELL ODZ, POLANI	ONKI 2 #12 D 92417		- - - -
NNY JAGIELL ODZ, POLANI	ONKI 2 #12 D 92417		- - - -
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REQUIRED SIGNATURE:

Signature of a prember 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Julia Greenberg-Aguilar (Authorized Representative)

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)