

# L13000016122

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000023245 3)))



H130000232453ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

JAN 31 2013  
L. SELLERS

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**mobiMemories LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

RECEIVED

13 JAN 30 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 30 PM 2:02

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION  
OF  
mobiMemories LLC**

**ARTICLE I            NAME**

The name of the limited liability company shall be: mobiMemories LLC

**ARTICLE II           PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
5027 Grand Lakes Dr. N, Jacksonville, Florida 32258.

**ARTICLE III           INITIAL REGISTERED AGENT & STREET ADDRESS**

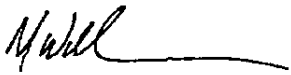
The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Park  
Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

**ARTICLE IV           DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V           MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managing members and the  
names and addresses of the members of the Limited Liability Company are:  
Almeta Monroe, 5027 Grand Lakes Dr. N, Jacksonville, Florida 32258  
Vickie Locke, 6710 Collins Rd #1404, Jacksonville, Florida 32244



Date: January 30, 2013

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717

608-827-5300

FAX AUDIT # H13000023245 3

**FILED**  
13 JAN 30 PM 2:02  
TALLAHASSEE, FLORIDA

FAX AUDIT # H13000023245 3

CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE  
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: mobiMemories LLC

The name and address of the registered agent and office is Business Filings Incorporated, 515 E.  
Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated  
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.

Signature:   
Mark Williams, A.V.P. Business Filings Incorporated

Date: January 30, 2013

FAX AUDIT # H13000023245 3