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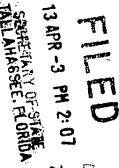
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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THE ED

COVER LETTER

TO: Registration So Division of Con			
SUBJECT: All	Americar Name of Limite	n Moble Africa Liability Company	ops Car
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	3
Please return all correspo	ondence concerning this matte	er to the following:	70
	Ra	Person 5	Tr Ex
ALL	American	Moble Firm/Company	Apps LLC
242	3 Beech	nut kn	
Tal	lahassee	/State and Zip Code d Sells © 0 / Or future annual report notification)	03
	My Shop an E-rhail address: (to be used for	d Sells @ 0 /	nail.com
For further information c	oncerning this matter, please	call:	
Roy F	erson Tr	at (850) Z91	6-6520 Phone Number
Enclosed is a check fo	r the following amount:		
2\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		and the same
The name of the Limited Liability Company is.		
All American M	oble Apps Lake	3 6
(Must end with the words "Limited Liability	Company, "L.L.C.," or "ILLC.")	4 43
ARTICLE II - Address:		
The mailing address and street address of the princ	cipal office of the Limited Liability Comp	is:
•		••
Principal Office Address:	Mailing Address:	
2423 Beach nut An TAll, FL 32303	2423 Beachout Tall, FL 3230	3/1
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)		
The name and the Florida street address of the reg	istered agent are:	
Roy Pe		
2423 Below Florida street address	chnut has (P.O. Box NOT acceptable)	

FL 32303 City, State, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Roy Person Jr 2423 Beachnut h
MGRM	Samantha Person 2423 Beath nut hr 7611, FA 32303
(Use attach ment if a consens)	
(Use attachment if necessary)	.//
LE V: Effective date, if other than th	e date of filing: $04/3/13$. (OPTION

REQUIRED SIGNATURE:

prior to or 90 days after the date of filing.)

Signature of a member of 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.)

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)