

L13000119127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

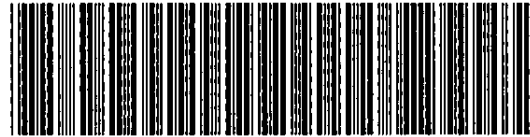
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-41132

W13-39078

Office Use Only



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2013 AUG 21 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
AUG 22 2013
EXAMINER

(850) 245-6051

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Mobile Mania Radercell LLC
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:

David Rader

Name of Person

Mobile Mania

Firm/Company

471 SW State Road 247

Address

Lake City, FL 32025 Suite #111

City/State and Zip Code

david@mobilemanialakecity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Rader

Name of Person

386

at

965-8599

Area Code & Daytime Telephone Number

Enclosed is a check 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 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 Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Mobile Manta LLC~~ Rodercell LLC ~~DBA Mobile Manta~~
(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:

471 SW State Road 247

Lake City, Fl. 32025

Suite #111

Mailing Address:

471 SW State Road 247

Lake City, Fl. 32025

Suite #111

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

David Rader

Name

471 SW State Road 247

Florida street address (P.O. Box NOT acceptable)

Lake City, Fl. 32025

FL

Suite #111

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Owner/MGRM

David Rader

565 SW Alamo Dr

Lake City, Fl. 32025

Owner/MGRM

Rachel Rader

565 SW Alamo Dr

Lake City, Fl. 32025

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

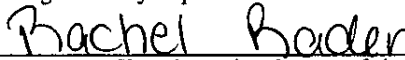
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member 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.)



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)

2013 AUG 21 PM 5:40
SECRETARY OF
TALLAHASSEE
STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2013

DAVID RADER
471 SW STATE ROAD #247
SUITE 111
LAKE CITY, FL 32025

SUBJECT: MOBILE MANIA LLC
Ref. Number: W13000039078

FILED
2013 AUG 21 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MOBILE MANIA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L10000017484.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 713A00016933



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2013

DAVID RADER
471 SW STATE ROAD 247
LAKE CITY, FL 32025

SUBJECT: RADERCELL LLC DBA MOBILE MANIA
Ref. Number: W13000041132

FILED
2013 AUG 21 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RADERCELL LLC DBA MOBILE MANIA and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 013A00017734