

L13000127554

(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:

Office Use Only

EFFECTIVE DATE 10/01/13

W13-48234



300251136603

08/28/13--01013--012 **135.00

FILED
2013 SEP -9 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 10 2013
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2013

ALVIN HILL
5708 NW 7TH AVE.
MIAMI, FL 33127

SUBJECT: BOBBY'S WIRELESS LLC
Ref. Number: W13000048234

We have received your document for BOBBY'S WIRELESS LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 913A00020574

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP -9 PM 3:10

FILED

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bobby's Wireless 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:

Alvin Hill

Name of Person

Bobby's Wireless LLC.

Firm/Company

5708 NW 7th Ave.

Address

Miami, FL. 33127

City/State and Zip Code

jeandorcelien@yahoo.com

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

For further information concerning this matter, please call:

Jean Dorcelien

Name of Person

at **(786) 712-4322**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2010 SEP - 9 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bobby's Wireless 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:

Bobby's Wireless LLC.

5708 NW 7th Ave.

Miami, FL. 33127

Mailing Address:

Bobby's Wireless LLC.

5708 NW 7th Ave.

Miami, FL. 33127

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:

Alvin Hill

Name

5708 7th ave

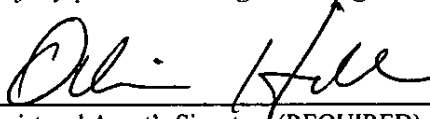
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL. 33127

City, State, and Zip

FILED
2009 SEP - 9 PM 3:10
SECRETARY OF STATE
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)

Page 1 of 2

EFFECTIVE DATE 10/01/13

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:

Jean Dorcelien MGR

Jean Dorcelien MGR

821 NW 7th ave

Miami, FL. 33127

Alvin Hill MGRM

Alvin Hill MGRM

1460 NW 41 street

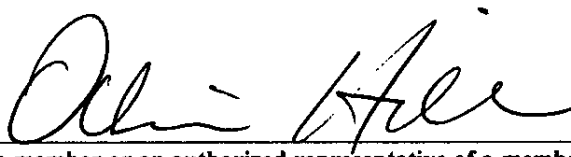
Miami, FL. 33142

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/01/2013. (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.)

Alvin Hill MGRM

Typed or printed name of signee

FILED
2013 SEP -9 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)