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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES,
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
SUREFLY MOBILE, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUREFLY MOBILE, 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:

Sharon K. Gray

Name of Person

Triad Professional Services, LLC

Firm/Company

1720 Windward Concourse, Ste. 390

Address

Alpharetta, GA 30005

City/State and Zip Code

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

For further information concerning this matter, please call:

Sharon K. Gray

Name of Person

at (770) 777-2091

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
SUREFLY MOBILE, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

**ARTICLE I
NAME**

The name of the limited liability company is SureFly Mobile, LLC.

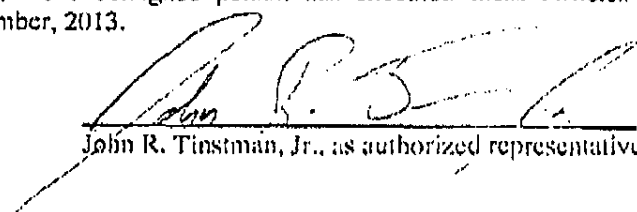
**ARTICLE II
ADDRESS**

The mailing address and street address of the principal place of business of the Company is 90 NE 19th Street, Homestead, Florida 33030.

**ARTICLE III
REGISTERED AGENT AND OFFICE**

The street address of the initial Registered Office of this Corporation in the State of Florida shall be 1200 South Pine Island Road, Plantation, FL 33324. The name of the initial Registered Agent of this Corporation at the above address shall be NRAI Services, Inc.

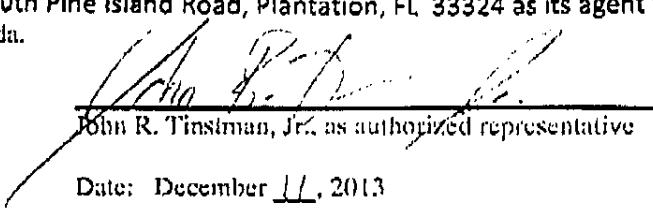
IN WITNESS WHEREOF, the undersigned person has executed these Articles of Organization this 11th day of December, 2013.


John R. Tinstman, Jr., as authorized representative

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 608.415, Florida Statutes, the following is submitted:

That SureFly Mobile, LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 90 NE 19th Street, Homestead, Florida 33030, has named NRAI Services, Inc., 1200 South Pine Island Road, Plantation, FL 33324 as its agent to accept service of process within Florida.


John R. Tinsman, Jr., as authorized representative

Date: December 11, 2013

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of his duties.


NRAI Services, Inc.

Date: December 12, 2013