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(Re	equestor's Name)	
(Ac	idress)	
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(Do	ocument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corporations		,
SUBJ	ECT: Steven G. Mobley LLC Name of Lie	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Steven G. Mobley	Name of Person	
		Firm/Company	
	2808 Pinnacle Point Drive	Address	
	Crestview FL 32539-5714	City/State and Zip Code	
<u>_s</u> 1	evengmobley@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fu	ther information concerning this matter, ple	ease call:	
Steve	n G. Mobley at (_ Name of Person	850) 585-9422 Area Code Daytime Tel	lephone Number
_	ted is a check for the following amount: 00 Filing Fee \$\Bigcup \frac{130.00}{\text{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 Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Steven G. Mobiley LLC (Must end with the words "Limite.	d Liability Company, "L.L.C.," or "LLC.")	
(wasteld was the words Limite	d Elability Company, E.E.C., of EEC.	
ARTICLE II - Address:	00 01 11 0 11 120 0	
The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2808 Pinnacle Point Drive	2808 Pinnacle Point Drive	
Crestview FL 32539-5714	<u>Crestview FL 32539-5714</u>	
ARTICLE III - Registered Agent, Registered Office,	, & Registered Agent's Signature:	
(The Limited Liability Company cannot serve as its own	n Registered Agent. You must designate an individual or	~
another business entity with an active Florida registration		9 8
The name and the Florida street address of the registere	7.5	Libus Pear
Steven G. Mobley		Transity H
Nam	le (/)	-
2808 Pinnacle Point Drive		,-,
Florida street address (P.O. Bo	ox NOT acceptable)	
Crestview	FL 32539-5714	
City	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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Steven G. Mobley
	2808 Pinnacle Point Drive
	Crestview FL 32539-5714
	_ ,
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CV: Effective date, if other than the date ctive date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
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Use attachment if necessary) EV: Effective date, if other than the date ctive date is listed, the date must be spling.) EVI: Other provisions, if any.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
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