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SECRETARY OF STATE

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## COVER LETTER

Division of Corporations
SUBJECT: GaniniMobile 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:
Harry L Crocker  Name of Person
GaniniMobile LLC
Firm/Company
431, 12th Place SE Address
Vero Beach, FL 32962  City/State and Zip Code
les@ganinimobile.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Harry L Crocker at (772 ) 7781613
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
GaniniMobile LLC	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
g ===== g ==== == == == e == e == e ==	morphi office of the Diffice Diability Company is.
Principal Office Address:	Mailing Address:
10060 Grove Lane	431, 12th Place SE
Cooper City	Vero Beach
Florida 33328	Florida 32962
The name and the Florida street address of the re	egistered agent are:  LOCKER  Name
43112th A. Florida street address (	S2. P.O. Box NOT acceptable)
VERO BEN	H FL 32762
City	Zıp
the place designated in this certificate, I here capacity. I further agree to comply with the pro-	accept service of process for the above stated limited liability company at aby accept the appointment as registered agent and agree to act in this ovisions of all statutes relating to the proper and complete performance pt the obligations of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

14 OCT -9 PH 3: 53



ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member		
01 (C'D)( = 1 (		
"MGR" = Manager	0.11110	
MGMR	Ganini LLC	
	10060 Grove Lane	
	Cooper City, FL 33328	•
MGMR	Harry L Crocker	
	431, 12th Place SE	
	Vero Beach, FL 32962	
AMBR	Subramanian Viswanathan	
	10060 Grove LN	
	Cooper City, FL 33328	
(Use attachment if necessary)		
	(OPTION (A)	
LE V: Effective date, if other than the date		
e of filing.)	pecific and cannot be more than five business days prior to or 90 d	ays at
	) % and Harry L Crocker owns 10% of GaniniMobile LLC	
REOUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (a) (b), Florida Statutes, the Department of State only as provided for in s.817.155, F.S.)	
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