

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000010400 3)))



H150000104003ABCL

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : T20000000019  
 Phone : (305) 552-5973  
 Fax Number : (305) 675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

15 JAN 13 AM 10:00

DIVISION OF CORPORATIONS  
 BUREAU OF COMMERCIAL  
 INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.**  
**MOBILE HITCHES LLC**

CERTIFICATE of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2015 JAN 13 AM 10:47

FILED

Electronic Filing Menu Corporate Filing Menu

Help  
 B. BOSTICK

JAN 14 2015

H15000010400

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MOBILE HITCHES 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:Mailing Address:095 W 27 ST  
HIALEAH FL 33010095 W 27 ST  
HIALEAH FL 33010

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

KERVYN TEJEDA

Name

095 W 27 STFlorida street address (P.O. Box NOT acceptable)HIALEAH

City

FL 33010

FL

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

2015 JAN 13 A 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H15000010400

H15000010400

**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:**MGRMKERVYN TEJEDA  
695 W 27 ST  
HALEAH FL 33010MGRMEDWIN ESPINAL  
695 W 27 ST  
HALEAH FL 33010  

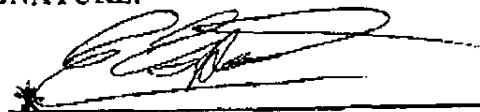
(Use attachment if necessary)

2015 JAN 13  
A P 40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**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 605.408(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.)

EDWIN ESPINAL

Typed or printed name of signer

H15000010400