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SECRETARY OF STATE TALLAHASSEE FLORID

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	B&L Mobile Notary Specialists, LI	LC	······································
	Name of Lin	nited Liability Company	
The enclosed	Articles of Organization and fee(s) as	re submitted for filing.	
Please return	all correspondence concerning this m	atter to the following:	
<u>.R</u>	obert Wolfson		
		Name of Person	
<u>B</u>	&L Mobile Notary Specialists, LLC	3	
		Firm/Company	
.3:	5.Wheatfield Drive		
		Address	
_			
<u>.P.</u>	alm Coast, Florida 32164	City/State and Zip Code	
bandinoi	ary@gmail.com	•	
Dandino	E-mail address: (to be use	d for future annual report notifica	tion)
For further inf	ormation concerning this matter, plea	ase call:	
Robert Wolfs			ala a Nasta
	Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a	check for the following amount:		
□ \$125.00 Filing	g Fee S130.00 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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
B&L Mobile Notary Specialists, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
35 Wheatfield Drive Palm Coast, Florida 32164	35 Wheatfield Drive Palm Coast, Florida 32164	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an i	individual or
The name and the Florida street address of the registered a	agent are:	
Robert Wolfson		
Name		
35 Wheatfield Drive Florida street address (P.O. Box	NOT acceptable)	
Palm Coast	FL 32164	
City	Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblice. Chapter	the appointment as registered agent and a f all statutes relating to the proper and con	gree to act in this nplete performance
Registered Agent's Signatu	or (REQUIRED)	
(CONTINUE		ALSE T

"AMBR" = Authorized Member "MGR" = Manager AMBR Robert Wolfson 35 Wheatfield Drive Palm Coast. Florida 32164 Linda Wolfson 35 Wheatfield Drive Palm Coast. Florida 32164 (Use attachment if necessary) E. V: Effective date, if other than the date of filing: Lettve date is listed, the date must be specific and cannot be more than five business days prior to or 90 days filling. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member date an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Robert Wolfson Typed or printed name of signee Filing Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	Title:	Name and Address;	
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(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		Palm Coast, Florida 321	64
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