## L15000034875

·		<del></del>
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	<u> </u>
,		
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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3.	Office Use O	nlv



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10/20/14--01014--020 \*\*125.00



J. Stavers FEB 2 5 7015

## **COVER LETTER**

TO:	Registration Division of C	Section Corporations			
SUBJI	ECT: <u>Pro Mo</u>	<u>bile Dyno of Palm Beach</u> Name of Lir	LLC nited Liability Company		_
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.		
Please	return all corre	spondence concerning this m	atter to the following:		
	Jennifer	Kerlin	Name of Person		<del>,</del>
	Pro Mob	ile Dyno of Palm Beach, L	LC Firm/Company		
	12114 1	50th CT N	Address		
	Jupiter, F		City/State and Zip Code		
da	ingcheetah@	att.net E-mail address: (to be use	d for future annual report	notification)	<del></del>
For fur	ther informatio	n concerning this matter, plea	ase call:		
<u>Jennif</u>	er Kerlin Nan	ne of Person	305 <u>546-7192</u> Area Code Dayt	ime Telephone Numl	 ber
Enclos	ed is a check fo	r the following amount:			
<b>☑ \$12</b> 5.0	0 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is encl	Certifica (osed) Certified	te of Status &

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

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>l'itte:</u>	Name and Address:
'AMBR" ≈ Authorized Member 'MGR" = Manager	
MGR	Kevin Kerlin
	12114 150th CT N
	Jupiter, FL 33478
MGR	Jennifer Kerlin
	12114 150th CT N
	Jupiter, FL 33478
Use attachment if necessary)	
ctive date is listed, the date must be spe	of filing: (OPTIONAL)
E V: Effective date, if other than the date of ctive date is listed, the date must be spe filling.)  E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 94
E.V: Effective date, if other than the date of ctive date is listed, the date must be sperfilling.) E.VI: Other provisions, if any.  REQUIRED SIGNATURE:	Keelh'
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EEOUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under	nber or an authorized representative of a member 77 the penalties of perjury that the facts stated herein are frue.
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EEOUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	Medic and cannot be more than five business days prior to or 90.  Well  before or an authorized representative of a member of this document.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member of the penalties of perjury that the facts stated herein are three mation submitted in a document to the Department of State.
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EEOUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member of the penalties of perjury that the facts stated herein are liqued as provided for in s.817.155, F.S.)

Page 2 of 2