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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	

SUBJECT: Mr Moped LLC	
Name of Limited	Liability Company
The enclosed Articles of Organization and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Mr. James C. Lambert	
Na	ame of Person
Mr Moped LLC	rm/Company
r	mvCompany
6651 38th Lane East	700000000000000000000000000000000000000
	Address
Sarasota, FL 34243	tate and Zip Code
* 4* *	ate and Zip Code
DEVENOMER@MSN.COM E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please ca	ill:
James C. Lambert at (941	
	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	× ·
\$125.00 Filing Fee \$\Bigcup \text{\$\sum_{\text{\$130.00 Filing Fee & Certificate of Status}}}\rightarrow \$\Bigcup\$	\$155.00 Filing Fee &
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



May 4, 2015

JAMES LAMBERT 6651 38TH LANE E SARASOTA, FL 34243

SUBJECT: MR MOPED LLC Ref. Number: W15000031378

We have received your document for MR MOPED LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00009139

I, ERNEST MASSENGALE, HAVE SOLD MR MOPED TO JAMES LAMBERT. I
HAVE NO FURTHER INTEREST IN MR MOPED OR MR MOPED LLC. I HAVE
NO PROBLEM WITH JAMES LAMBERT TAKING THE MR MOPED LLC
NAME.

ERNEST MASSENGALE

Enu Wassegele

941-366-6733 OR 941-320-4828

MAY 5, 2015

JAMES LAMBERT

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SECREPTS OF SIME



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limi		
	ted Liability Company is:	
Mr Moped LLC		
	Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addr The mailing address a		al office of the Limited Liability Company is:
Principal Office Add	lress:	Mailing Address:
1316 N East Avenu		6651 38th Lane East
Sarasota, FL 34237	7	Sarasota, FL 34243
The name and the Flo	rida street address of the registor James C. Lambert No	ered agent are:
	6651 38th Lane East	
	6651 38th Lane East Florida street address (P.O.	Box <u>NOT</u> acceptable)
		Box <u>NOT</u> acceptable) FL 34243
	Florida street address (P.O.	

(CONTINUED)

Page 1 of 2

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<u> Citle:</u>	Name and Ad	<u>dress:</u>
AMBR" = Authorized	1ember	
'MGR" = Manager AMBR	James C. La	mbert
		ine East
	Sarasota, FL	
	•	. (OPTIONAL)
EV: Effective date, if or ctive date is listed, the filing.)	er than the date of filing: ate must be specific and cannot be mo	(OPTIONAL) re than five business days prior to or
Use attachment if necessive the date is listed, the filing.) E VI: Other provisions, in the date is listed.	er than the date of filing: ate must be specific and cannot be mo	(OPTIONAL) re than five business days prior to or
EV: Effective date, if or ctive date is listed, the filing.)	are than the date of filing: ate must be specific and cannot be more any.	(OPTIONAL) re than five business days prior to or
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V: Effective date, if or etive date is listed, the filing.) VI: Other provisions, in the second sec	are than the date of filing: ate must be specific and cannot be more any. RE: anature of a member or an authorized with section 605.0203 (1) (b), Florida S	representative of a member.
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V: Effective date, if or tive date is listed, the filing.) VI: Other provisions, in the filing.) EQUIRED SIGNATION Signatures of the filing accordance constitutes an in I am aware the time to the filing accordance constitutes an in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes an in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes and in I am aware the filing accordance constitutes and in I am aware constitutes and in I am aware constitutes and in I am	are than the date of filing: ate must be specific and cannot be more any. RE: anature of a member or an authorized with section 605.0203 (1) (b), Florida S	representative of a member. tatutes, the execution of this document that the facts stated herein are true. Example 1.
V: Effective date, if or tive date is listed, the filing.) VI: Other provisions, in the filing. EQUIRED SIGNATION Signature of the filing signature is an interest of the filing.	are must be specific and cannot be more any. RE: nature of a member or an authorized with section 605.0203 (1) (b), Florida S ffirmation under the penalties of perjury any false information submitted in a do	representative of a member. tatutes, the execution of this document that the facts stated herein are true. cument to the Department of State 7.155, F.S.)

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)