

L17000023834**Florida Department of State****Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
CIRCULO MOBILE, LLC**

Certificate of Status	1
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2ND REQUEST

Electronic Filing Menu

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PAGE 01/04

1/31/2017 11:22:05 AM PAGE 1/001 Fax Server



January 31, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: CIRCULO MOBILE, LLC
REF: W17000008816

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist III

FAX Aud. #: H17000026550
Letter Number: 717A00001924

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H1700002655

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Circulo Mobile, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:2718 Edgewater Ct
Weston, Florida 33332**Mailing Address:**2718 Edgewater Ct
Weston, Florida 33332**ARTICLE III - Registered Agent, Registered Office, & 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:

Carlos Galvan

Name

2718 Edgewater CtFlorida street address (P.O. Box **NOT** acceptable)WestonFL 33332

City, State, and 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

H17000026550

H17000026550

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:MGRM

Carlos Galvan

2718 Edgewater Ct

Weston, Florida 33332

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 26, 2017 (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 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Carlos Galvan

Typed or printed name of signer

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