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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Storm Mobile Advertisement Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alejandra Lincon Name of Person
Firm/Company
763 South Duval St.
City/State and Zip Code  12 jr 57 @ gmail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\frac{125.00 \text{ Filing Fee}}{2}\$ Filing Fee \text{ Some of Status}  \$\frac{160.00 \text{ Filing Fee}}{2}\$ Certificate of Status \text{ Certified Copy}}{2}\$ (additional copy is enclosed)
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is	s:			
Stor	m Mobil	e Advertisemu	ent LLC	
(Must contain the words	"Limited Liability Com	npany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	principal office of the L	imited Liability Company is:		
Principal Office Add	dress:	Mailing Add	ess:	
763 South Duy Joiney FL.	19 St.	Same		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered A		dividual or	
The name and the Florida street address of the	e registered agent are:	_	7	i. Ig
	Hejandra Name	Kinian	28 05. 05. 05. 05. 05. 05. 05. 05. 05. 05.	
.76	3 South	DUVAL St.	AH.	
Florida st	reet address (P.O. Box I	NOT acceptable)	· ·	3
Quir	ICY FL.	32351	38 38	ri ri
	City State	Zip	77	

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..

(CONTINUED)

Ufamaru F. Mem\_ Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBZ	Alejandra lincon  (Buincul Sci 3235)
MGR!	Jose M: Rangel 763 South Qual St. Quincy FL: 32351
<del> </del>	
(Use attachment if necessary)	
date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed
·	
RTICLE VI: Other provisions, if any.	
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
REOUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)