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(Req	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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SECRETARY OF STATE

COVER LETTER

	TO:. New Filing Section Division of Corporations	•
	SUBJECT: Moble 10 Ve 123 LLC 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:	NO SHOTE BASES IN THE
	Duane Mobley Name of Person	
	5992 Deer Park Circle	
	City/State and Zip Code Moble y Love 123 @ gmail • Com E-mail address: (to be used for future annual report notification)	•
	For further information concerning this matter, please call:	
1	Duane Mobley at 850 339-3927 Name of Person Area Code Daytime Telephone Number	८७ - अध्य प्रथम - ४८
	Enclosed is a check for the following amount:	
>	S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)	 ed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

The name of the Limited Liability Comp	pany is:	•	
Moble (Must contain the	VLOVE 123	ompany, "L.L.C.," or "LLC.")	

ARTICLE I - Name:

<u>Principa</u>	Office Address:	Mailing Address:	
5992. Deer i		5992 Deer Park Circle Tallahasses, Florida 32311	
ARTICLE III - Registered Ages (The Limited Liability Company another business entity with an ac- The name and the Florida street a	cannot serve as its own Register ctive Florida registration.)	red Agent. You must designate an individual of	্য ১৯৮ - এইড মাইব (- ১৯৮
The name and the Frontida success	Duane M Name	robley	-
	5992 Deer Florida street address (P.O.	Park Circle Box NOT acceptable)	

Having be 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.

Registèred Agent's Signature (REQUIRED)

(CONTINUED)

PH 2: 50

Block talks to the

	ARTICLE IV- The name and address of each person at	thorized to manage and control the Limited Liability Co	mpany:
	Title:	Name and Address:	
,	"AMBR" = Authorized Member "MGR" = Manager	Duane Mobiey 5992 Deer Park Circl Tall. Fl. 32311	Le mai mai mai m
	· ·		
	(Use attachment if necessary)		
(If an eather the document of	offective date is listed, the date must be e of filing.) If the date inserted in this block does no cument's effective date on the Departme	the of filing: (OPTIO) specific and cannot be more than five business days prior timeet the applicable statutory filing requirements, this days of State's records.	, to or 50 days area
	CLE VI: Other provisions, if any		
			
	REOUIRED SIGNATURE: Please	e_Mily!	
	Signature of a This document is ext	member or an authorized representative of a member cuted in accordance with section 605.0203 (1) (b), Floridate information submitted in a document to the Department of the D	da Statutes.
	Duare	Yelley Typed or printed name of signee	· - .
		Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)