

L190000004618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

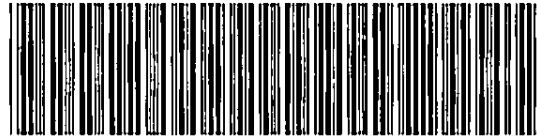
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Called & spoke
w/ Marilyn Norton
advised her LLC
cannot be its own

RA. She said she is the
RA, therefore I made
the correction. KP
1/8/19



000322194790

12/26/18--01041--0000 **123.00

FILED
RECEIVED
JAN 08 2019
AM 9:44

N. CAUSSEAU
JAN 8 2019

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Mobilaire Marketing, 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:

Marilyn Norton

Name of Person

Mobilaire Marketing, LLC

Firm/Company

5341 Mobilaire Dr.

Address

West Palm Bch, FL 33417

City/State and Zip Code

ch3pbr@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marilyn Norton

561

684-6891

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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 LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mobilaire Marketing, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5341 Mobilaire Dr.

West Palm Bch, FL 33417

5341 Mobilaire Dr.

West Palm Bch, FL 33417

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:

Marilyn Norton
Name

5341 Mobilaire Dr.

Florida street address (P.O. Box **NOT** acceptable)

West Palm Bch

FL

33417

City

State

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.,

Marilyn Norton
Registered Agent's Signature (REQUIRED)

(CONTINUED)

911 DEC 26 AM 9:44
STAMPED
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Marilyn Norton

5341 Mobilaire Dr.

West Palm Bch, FL 33417

(Use attachment if necessary)

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SEP 10 2014
AM 9:14

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Marilyn Norton

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Marilyn Norton - Organizer/Member

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)