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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #j)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	<u> </u>
(Document Number)		
Certified Copies	_ Certificates of	f Status
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7020 NO7 -9 FT 4: 32

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
MOBIUS AIRX LLC		
(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the I	.imited Liability Company is:	
Principal Office Address:	Mailing Address:	

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:

LISA R MURPHY Name		
Name		
3153 LINDEN AV		
Florida street address (P.O. Box NOT acceptable)		
GULA BREEZE FL :	32563	
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..

Registered Agent's Signature (REQ)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
SEE AT	1 x d C of
	7ACHED
	
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be the date of filing.)	ate of filing: N/A (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after it meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	in of State's fecolus.
REQUIRED SIGNATURE:	Sa R. Murphy
Signature of a	member or an authorized representative of a member.
I am aware that any fa	cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Also information submitted in a document to the Department of State area felony as provided for in s.817.155, F.S.
	ISA R MURPH 4 Typed or printed name of signee
	I yped 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)

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ARTICLE IV

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

AMBR Lisa Renee Murphy

3153 Linden Ave

Gulf Breeze, FL 32563

AMBR Michael Paul Murphy

3153 Linden Ave

Gulf Breeze, FL 32563

AMBR William Francis Braski

229 Gold Valley Crossing

Canton GA, 30114

AMBR Francis Raymond Braski

3603 2nd Ave

Columbus, GA 31904

AMBR Cynthia Lynn Braski

3603 2nd Ave

Columbus, GA 31904

AMBR Thomas Edward Callinan

21134 Settlers Valley Drive

Katy, TX 77449

AMBR Drake Arnold Braski

7147 Village Loop Columbus, GA 31904

AMBR James Stephen Mcilwain

241 Ocean Pkwy #D2 Brooklyn, NY 11218



Florida Dept of State Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Lisa R Murphy Mobius AirX 3153 Linden Ave Gulf Breeze, FL 32563

November 6, 2020

Dear Sir or Madam,

Please find the enclosed check in the amount of \$125.00 for Articles of Incorporation for Mobius AirX.

Contact information for Mobius AirX is as follows:

Lisa R Murphy 3153 Linden Ave Gulf Breeze, FL 32563 Cell: 850-619-8363

Thank you,

Lisa R Murphy
CFO Mobius AirX
Mobius AirX