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COVER LETTER

New Filing Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: God Bless America Mobile Notary 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:			
Lynette L. Connelly Name of Person			
"God Bless America" Mobile Notary Firm/Company			
833 Fairway Lakes Drive			
Addicas			
City/State and Zip Code God blessamerica mobile Notory Demail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Lyne Lk Conne i y at (850) 4994396 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of Tallahassee			

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

God Bless America Mobile (Must contain the words "Limited Liability Com				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is				
Principal Office Address:	Mailing Address:			
Niceville Murion 32578	5.Ame_			
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 organother business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are: Synette L. C Name	onnelly &			
Florida street address (P.O. Box 2				
Niceville AL	32578			
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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company Name and Address: "AMBR" = Authorized Member "MGR" = Manager NGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: June 4, 2022 (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.

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

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.

Lynette L. Connelly
Typed or printed name of signée

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)