

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L23000376737
FILED 8:00 AM
August 10, 2023
Sec. Of State
dsultana

Article I

The name of the Limited Liability Company is:
MOBILE MOMMIES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
141 W CENTRAL AVE
SUITE 17
WINTER HAVEN, FL. 33880

The mailing address of the Limited Liability Company is:
141 W CENTRAL AVE
SUITE 17
WINTER HAVEN, FL. 33880

Article III

Other provisions, if any:
FOR ALL LEGAL BUSINESS PURPOSES ALLOWED IN THE STATE OF
FLORIDA

Article IV

The name and Florida street address of the registered agent is:
OPTIMAL CREDIT SOLUTIONS LLC
3275 S JOHN YOUNG PARKWAY
STE 545
KISSIMMEE, FL. 34746

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.

Registered Agent Signature: VIVIAN JACKSON

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
VIVIANDEA JACKSON
141 W CENTRAL AVE STE 17
WINTER HAVEN, FL. 33880

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Article VI

The effective date for this Limited Liability Company shall be:

08/05/2023

Signature of member or an authorized representative

Electronic Signature: VIVIAN JACKSON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.