

# CAPITAL CONNECTION, INC

417 E. Virginia Street, Suite 1 Tallahassee, Florida 32302  
(850) 224-8871 • 1-800-342-8062 • Fax (850) 222-1222

A-1 Mobility Solution, LLC

000003045310--4

-11/16/99--01045--003

\*\*\*\*\*100.00 \*\*\*\*\*100.00

000003045310--4

-11/16/99--01045--004

\*\*\*\*\*25.00 \*\*\*\*\*25.00

Art of Inc. File

LTD Partnership File

Foreign Corp. File

☒ L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

☒ Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

99 NOV 16 PM 3:25  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

99 NOV 16 AM 9:53  
RECEIVED  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

A-1 MOBILITY SOLUTION, L.C.

## ARTICLE II - Address:

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

3963 Carambola Circle H, Coconut Creek, Florida 33066

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

RICARDO MARCOTULLI

Name


3963 Carambola Circle H

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

Coconut Creek FL 33066

City, State, and 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 608, F.S..*

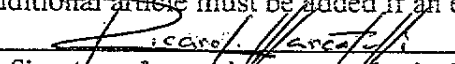
  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and, therefore, a manager - managed company.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RICARDO MARCOTULLI

Typed or printed name of signer

### FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)