

M10000003956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

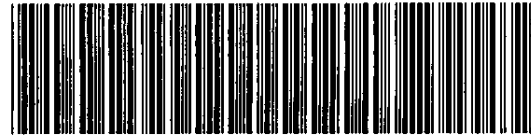
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600184524456

08/23/10--01020--002 **125.00

FILED
10 SEP - 7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-39928

J. BRYAN

SEP - 8 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mobility Solutions, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Bryan N. Bishop
Name of Person

Wallace Boggs, PLLC
Firm/Company

300 Buttermilk Pike, Suite 100
Address

Fort Mitchell, Kentucky 41017
City/State and Zip Code

cdunn@wbrlegal.com
E-mail address: (to be used for future annual report notification)

FILED
10 SEP - 7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bryan N. Bishop at (859) 578-5410
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2010

BRYAN N. BISHOP
WALLACE BOGGS, PLLC
300 BUTTERMILK PIKE, SUITE 100
FORT MITCHELL, KY 41017

SUBJECT: MOBILITYSOLUTIONS, NET, LLC
Ref. Number: W10000039928

FILED
10 SEP - 7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MOBILITYSOLUTIONS, NET, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 810A00020310

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of Mobility Solutions, LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of
Kentucky
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

MOBILITYSOLUTIONS.NET, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability
Company, L.L.C., or LLC.)

Date: 9/3/10

Signature(s) of Manager(s) and/or Managing Member(s):

W. Murphy
[Signature]

FILED
10 SEP -7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Mobility Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MOBILITYSOLUTIONS.NET, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Kentucky 3. 26-4713369
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 23, 2009 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 3 West Boesch Drive
Alexandria, Kentucky 41001
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Wayne Merkley, 3 West Boesch Drive, Alexandria, Kentucky 41001

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: the distribution/sale of
mobile computers and devices and any and all other lawful purposes as permitted

W. Merkley
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Wayne Merkley

Typed or printed name of signee

FILED
10 SEP - 7 AM 8:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Mobility Solutions, LLC

If unavailable, the alternate to be used in the state of Florida is:

MOBILITYSOLUTIONS.NET, LLC

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

Martin Bryant

(Name)

310 Monterey Drive

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Naples, FL 34119

City/State/Zip

FILED
10 SEP - 7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Commonwealth of Kentucky
Trey Grayson, Secretary of State

Trey Grayson
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 98650
Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Mobility Solutions, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is April 23, 2009 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 25th day of May, 2010, in the 218th year of the Commonwealth.



T762
Trey Grayson
Secretary of State
Commonwealth of Kentucky
98650/0728247

FILED
SEP - 7 AM 8:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE