Page 1 of 2

## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000266368 3)))



H150002863683ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023

Phone : (850)205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email.	Address:	
--------	----------	--

### Foreign Limited Liability Company MOBILEQUBES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

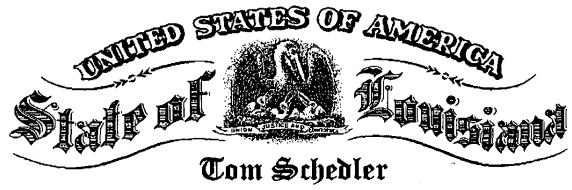
#### COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: MobileQubes, LJC	
	of Limited Liability Company
	company for Authorization to Transact Business in Plorida,* Certificate of eferenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to	the following:
	Name of Person
C T Corporation Sy	T. T. O. T.
C 1 Corporaction by	Firm/Company
	, and Sompany
-	
	Address
Ci	ty/State and Zip Code
	•
mike@mobilequbes.com  H-mail address: (to be	used for future annual report notification)
	·
For further information concerning this matter, please call	
Mike Melito	at (504 ) 609-3460
Name of Contact 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\oldsymbol{\Omega}\$\$125.00 Filing Fee & Certificate of Status	L \$155.00 Filing Fee & Status & Certified Copy of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 (2002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. MobileQubes LLC		( DOMIN.					
	eign Limited Liability Com	pany; must inclu	de "Limited Link	oility Company," "L.L.C.," o	r "LLC.")		
(If name unavailable, enter a Liability Company," "L.L.C	lternate name adopted for the "or "LLC.")	he purpose of trai	nsacting business	s in Florida. The alternate na	me must incl	a <b>de "L</b> imi	ted
Louisiana     (Jurisdiction under the law company is organized)	of which foreign limited li	3.	46-4415349	(FEI number, if applicable	·)	<del></del>	
4 Upon Qualification							
	(Date first transact (See sections 605.09)	ed business in Pl 04 & 605.0905, F	orida, if prior to	registration.) penalty liability)	<del></del>		
5. 1441 Canal Street Suit	e 218, New Orleans, LA	70112			_		
	(Street Ad	ldress of Principa	l Office)		- =		•
6. 1441 Canal Street Su	ite 218, New Orleans, L	A 70112			- [	] 5	
					高金	₹ 8	£ ******
	(	Mailing Address	)		- 35 55	¥ -	;
7. Name and street address	ss of Florida registered ag	gent: (P.O. Box	NOT accepta	ble)	28. 28. 28.	တ်	Traces
Name:	C T Corporation System	<u> </u>			E 9	A	
Office Address:	1200 South Pine Island	Road			25 75 71 S	7: 4	
	Plantation			, Florida <u>33324</u>	_ <u>66.</u>	5	
Registered agent's accep		(City)		(Zip code)	>>		
Having been named as re designated in this applica to complywith the provisi accept the obligations of t	gistered agent and to acc tion, I hereby accept the ons of all statutes relativ	appointment a e to the proper	s registered ag and complete	ent and agree to act in the performance of my duties	is capacity. s, and I am	I furthe familiar	r agree
8. The name, title or capa				y to manage is/are:			
Jason Palmer, Member, 4	000 Davey St #608, Ne	w Orleans, LA	70122	<u> </u>			
Sean Carrigan, Member,	8132 Spruce Street, Nev	w Orleans, LA	70118				
Mike Melito, Member, 14	441 Canal Street, Suite :	218, New Orlea	ans, LA 70112				
Attached is a certificate urisdiction under the law of the translator must be su	of which it is organized. (	If the certificate					_
This document is executed ubmitted in a document to						nation	
	Mike Melito				_		
	Ту	ped or printed as	me of signee		_		



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

#### **MOBILEQUBES LLC**

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on December 16, 2013,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 6, 2015

Certificate ID: 10652795#73P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louislana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 41365672K