

M1600000 3105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

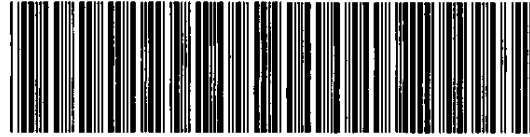
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Robert Transon GAVE
AUTHORIZATION BY PHONE TO
CORRECT add state
DATE 4/14/16
DOC. EXAM JH

Office Use Only



600280205626

02/12/16--01003--014 **40.00

01/25/16--01016--028 **85.00

FILED
16 APR 12 PM 2:16
SEAL STATE
TALLAHASSEE, FLORIDA

APR 14 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mobility 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:

Robert E. Transon
Name of Person

Mobility LLC
Firm/Company

3018 NAGAWICKA AVE 176 LAKEVIEW
Address

Delafield WI 53018 Mulberry, FL 33860
City/State and Zip Code

rtranson@wi.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Transon at (608) 451-2440
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy |
|--|--|---|--|

What more do I owe

Should have two cks.

Totalling \$125.00 —



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 APR 12 PM 12:35

SECTION OF STATE
TALLAHASSEE, FLORIDA

March 30, 2016

ROBERT E TRANSON
176 LAKEVIEW
MULBERRY, FL 33860

SUBJECT: MOBILITY LLC
Ref. Number: W16000007992

FILED
16 APR 12 PM 2:15
SECTION OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MOBILITY LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 716A00002382



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 MAR 28 AM 11:49

March 10, 2016

ROBERT E TRANSON
3018 NAGAWICKE AVE
DELAFIELD, WI 53018

SUBJECT: MOBILITY LLC
Ref. Number: W16000007992

FILED
16 APR 12 PM 2:16
SEAL OF THE STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for MOBILITY LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L09000031064.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please list the complete principal office address.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 716A00002382

Please Forward this to

176 Lake View Mulberry Fl. 33860

Thanks

Bob Tramm

FILED
16 APR 12 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2016

ROBERT E TRANSON
3018 NAGAWICKE AVE
DELAFIELD, WI 53018

SUBJECT: MOBILITY LLC
Ref. Number: W16000007992

2016 MAR 10 PM 2:51
TALLAHASSEE, FL 32314

We have received your document for MOBILITY LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 716A00002382

2016 APR 12 PM 2:16
SEAL OF THE STATE
TALLAHASSEE, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2016 FEB 12 AM 11:21

February 3, 2016

ROBERT E TRANSON
3018 NAGAWICKE AVE
DELAFIELD, WI 53018

SUBJECT: MOBILITY LLC
Ref. Number: W16000007992

We have received your document for MOBILITY LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 716A00002382

850 = 245 -
6950

Forms

Foreign Limit L

Qualification

FILED
16 APR 12 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

125
85
140.00

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

Mobility for the Blind L.L.C.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. WISCONSIN
(Jurisdiction under the law of which foreign limited liability company is organized)

3. # 90 - 0789427
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 176 Lakeview, Mulberry FL 33860
(Street Address of Principal Office)

6. Lighthouse For the Blind
206 Avenue D, N.W. Winter Haven FL 33881
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert TRANSON
Office Address: 176 Lakeview Dr.
Mulberry, Florida _____
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert E. Trason
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Robert E. Trason / sole Owner / Manager
176 Mulberry FL. / 3018 N 969 Wicka Ave
Pel-Field, WI.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Robert E. Trason
(Signature of an authorized person)

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.

Robert Edward Trason
Typed or printed name of signer

FILED
16 APR 16 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

MOBILITY LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is February 27, 2007.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 18, 2016.

A handwritten signature in cursive script that reads "George Petak".

GEORGE PETAK, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verifv/>