

M16000005150

2016/06/27 11:24:01 4 /6

Division of Corporations

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.

((H16000152384 3))



H1B0001523843ABC/

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 : AKERMAN LLP - ORLANDO  
Account Number : 076656002425  
Phone : (407)423-4000  
Fax Number : (407)843-6610

FILED  
16 JUN 27 AM 9:47  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: gjm@mem-law.com

2016 JUN 27 AM 12:00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
Family Mobile, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$763.75

Electronic Filing Menu Corporate Filing Menu

JUN 28 2016  
Help  
Y SULKER

H16000152384 3

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. Family Mobile, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-2920294 (FEI number, if applicable)

4. July 24 2015 (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 5036 Dr. Phillips Blvd., #314 Orlando, FL 32819 (Street Address of Principal Office)

6. 5036 Dr. Phillips Blvd., #314 Orlando, FL 32819 (Mailing Address)

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

Name: Brittany S. Abbass Office Address: 5036 Dr. Phillips Blvd., #314 Orlando, Florida 32819 (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.

(Registered agent's signature)

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

Michael A. Liberty - Manager - Brittany S. Abbass - Manager 5036 Dr. Phillips Blvd., #314 Orlando, FL 32819 5036 Dr. Phillips Blvd., #314 Orlando, FL 32819

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)

(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.

Michael A. Liberty (Typed or printed name of signee)

FILED 16 JUN 27 AM 9:34 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

H16000152384 3

N16000152384 3

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FAMILY MOBILE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAMILY MOBILE, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

5791627 8300  
SR# 20164494017  
You may verify this certificate online at [corp.delaware.gov/authver.sh?ml](http://corp.delaware.gov/authver.sh?ml)

Authentication: 202503477  
Date: 06-16-16

N16000152384 3

2016/06/27 11:24:01 3 /6

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
June 23, 2016 12:15:24 PM EDT	850-617-6381	30	1	Received
850-617-8381	6/23/2016 12:17:12 PM	PAGE 1/001	Fax Server	



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*Please see attached corrected filing to include the title of auth person.*

June 23, 2016

AKERMAN LLP - ORLANDO

SUBJECT: FAMILY MOBILE, LLC  
REF: W16000044896

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H16000152384  
Letter Number: 716A00013227

2016 JUN 27 AM 12:00

RECEIVED  
TALLAHASSEE, FLORIDA