Exhibit A

Applicant's Articles of Organization

File Number 0289516-1

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SIMPLE MOBILE, LLC, A NEVADA LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 12, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

Authentication #: 1120601042

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* JULY *A.D.* 2011 .

Jesse White

SECRETARY OF STATE

F-10-SM0032

ROSS MILLER
Secretary of State
206 North Carson Street
Carson City, Nevada 89701-4299
(775) 684-5708
Website: www.nvsos.gov

Articles of Organization
Limited Liability Company

(PURSUANT TO NRS CHAPTER 86)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording: see instructions)

Simple Mobile, LLC

Check box if a Series Limited-Liability Company ☐

2. Registered Agent for Service of Process: (check only one box)

☒ Commercial Registered Agent: Paracorp Incorporated (Name)

☐ Noncommercial Registered Agent (name and address below) *OR* ☐ Office or Position with Entity (name and address below)

Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

3. Dissolution Date: (optional)

Latest date upon which the company is to dissolve (if existence is not perpetual):

4. Management (required)

Company shall be managed by ☐ Manager(s) **OR** (check only one box) ☒ Members

5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)

Rod Nakjavani (Name)
318 N. Carson St., #208 (Street Address) | Carson City (City) | NV (State) | 89701 (Zip Code)

Clay Berryhill (Name)
318 N. Carson St., #208 (Street Address) | Carson City (City) | NV (State) | 89701 (Zip Code)

Chris Savage (Name)
318 N. Carson St., #208 (Street Address) | Carson City (City) | NV (State) | 89701 (Zip Code)

6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)

NancyGaches c/o Paracorp Incorporated (Name)
X Nancy Gaches (Organizer Signature)
318 N. Carson Street #208 (Address) | Carson City (City) | NV (State) | 89701 (Zip Code)

7. Certificate of Acceptance of Appointment of Resident Agent:

I hereby accept appointment as Resident Agent for the above named limited-liability company.

X Nancy Gaches for Paracorp Incorporated August 11, 2009
Authorized Signature of Registered Agent or On Behalf of Registered Agent Company — Date

This form must be accompanied by appropriate fees

INITIAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT OF

FILE NUMBER

SIMPLE MOBILE, LLC
NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF August 2009 TO August 2010

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

Paracorp Incorporated
318 N. Carson St., #208
Carson City, NV 89701

A FORM TO CHANGE REGISTERED AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE: www.nvsos.gov

Filed in the office of	Document Number
Ross Miller Secretary of State State of Nevada	20090614897-46
	Filing Date and Time 08/12/2009 7:06 AM
	Entity Number E0429742009-8

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

"YOU MAY NOW FILE YOUR INITIAL LIST ONLINE AT www.nvsos.gov"

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. *FORM WILL BE RETURNED IF UNSIGNED.*
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return the completed form with the $125.00 filing fee. A $75.00 penalty must be added for failure to file this form by the last day of the first month following organization date.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
5. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional $30.00 per certification. A copy fee of $2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
6. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
7. Form must be in the possession of the Secretary of State on or before the last day of the first month following the initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: $125.00 LATE PENALTY: $75.00

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
Rod Nakjavani	☐ MANAGER	☒ MANAGING MEMBER	
ADDRESS: 318 N. Carson St., #208	CITY: Carson City	STATE: NV	ZIP CODE: 89701
NAME: Clay Berryhill	☐ MANAGER	☒ MANAGING MEMBER	
ADDRESS: 318 N. Carson St., #208	CITY: Carson City	STATE: NV	ZIP CODE: 89701
NAME: Chris Savage	☐ MANAGER	☒ MANAGING MEMBER	
ADDRESS: 318 N. CarsonSSt., #208	CITY: Carson City	STATE: NV	ZIP CODE: 89701
NAME: Phil Prouty	☐ MANAGER	☐ MANAGING MEMBER	
ADDRESS: 318 N. Carson St., #208	CITY: Carson City	STATE: NV	ZIP CODE: 89701
NAME	☐ MANAGER	☐ MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Rod Nakjavani
Signature of Manager or Managing Member

Title: Executive Partner
Date: 8/11/09

Nevada Secretary of State Initial List ManagrMem
Revised: 7-1-08