

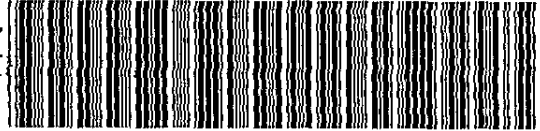
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(Requestor's Name)

SECRETARY  
TALLAHASSEE



400037509954



Mr. Victor Hernandez  
229 Oakside St.  
Lehigh Acres, FL 33936

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

06/11/04--01014--003 \*\*125.00

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AL

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Victor Satellite L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

229 OAKSIDE ST

229 OAKSIDE ST

Lehigh Acres

Lehigh Acres

FL 33936

FL 33936

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Victor Hernandez

Name

229 OAKSIDE ST

Florida street address (P.O. Box **NOT** acceptable)

Lehigh Acres FLORIDA 33936

City, State, and Zip

*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.*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

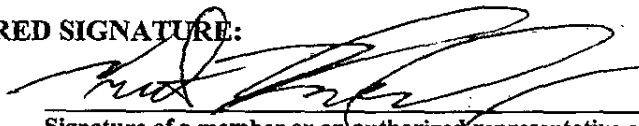
Victor Hernandez  
229 OAKSIDE ST.  
Lehigh Acres FL 33936

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Victor Hernandez  
Typed or printed name of signee

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)