

L04000060161

7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

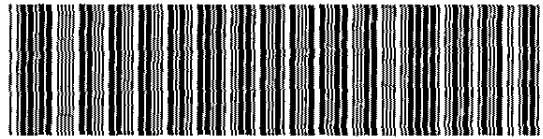
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



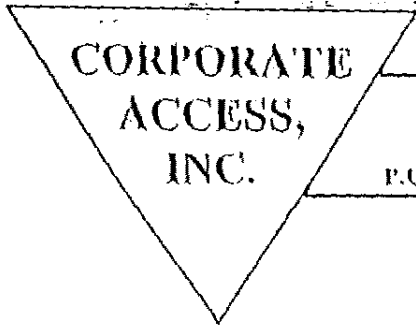
300040155633

08/13/04--01018--011 **125.00

FILED
04 AUG 13 PM 12: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 AUG 13 AM 10: 31
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

\$125.00



236 East 6th Avenue Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-2666

FILED
04 AUG 27 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WALK IN
PICK UP 8/3/13

CERTIFIED COPY _____ CUS _____
PHOTO COPY _____ FILING LLC _____

- 1.) EQ8 LLC
(CORPORATE NAME & DOCUMENT #)
- 2.) _____
(CORPORATE NAME & DOCUMENT #)
- 3.) _____
(CORPORATE NAME & DOCUMENT #)
- 4.) _____
(CORPORATE NAME & DOCUMENT #)
- 5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
04 AUG 13 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

EQ8 LLC

ARTICLE II - Address:

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

Principal Office Address:

5515 Doyle Street

Suite 12

Emeryville CA 94608

Mailing Address:

5515 Doyle Street, Suite 12

Emeryville, CA 94608

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

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

Paracorp Incorporated

Name

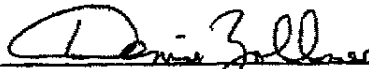
236 East 6th Avenue

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

Tallahassee FLORIDA 32303

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

Assistant Secretary

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CENTERLINE COMMUNICATIONS LLC
5515 Doyle St, Suite 12
Emeryville CA 94608

MGR

Joe Monterosso
5515 Doyle St, Suite 12
Emeryville CA 94608

MGR

Michael Lansky
2830 N. Swan #160
Tucson AZ 85712


MGR

Bryan Millhouse
2830 N Swan Suite 12
Tucson AZ 85712

(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.)

Joseph Monterosso

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)