

L04000064512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

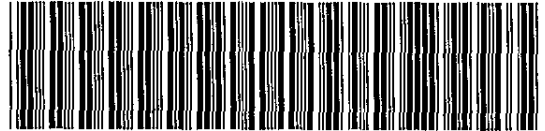
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

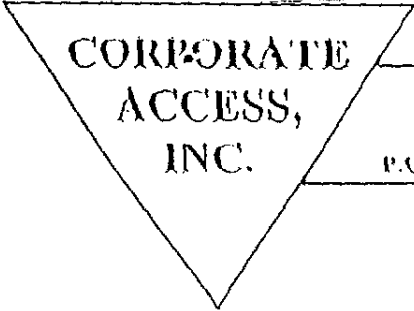


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08/31/04--01007--011 **125.00

RECEIVED
04 AUG 31 PM 8:15
DIVISION OF CORPORATIONS

FILED
04 AUG 31 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-2966) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

FILED
AUG 31 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WALK IN
PICK UP 8:30 (with a smiley face)

CERTIFIED COPY

CUS

PHOTO COPY

FILING LLC

1.) Volta Communications 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 31 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

VOLTA COMMUNICATIONS LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5515 DOYLE STREET

5515 DOYLE STREET

SUITE 12

SUITE 12

EMERYVILLE, CA 94608

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.

Dennis Zolnar

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:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

CENTERLINE COMMUNICATIONS LLC
5515 DOYLE STREET SUITE 12
EMERYVILLE CA 94608

MGR

JOE MONTROSSO
5515 DOYLE ST, SUITE 12
EMERYVILLE CA 94608

(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 MONTROSSO

Typed or printed name of signer

- 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)