

L 04000067988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

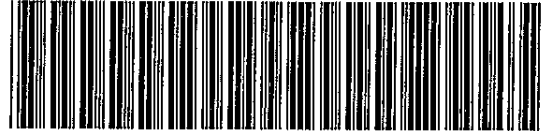
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/17/04--01011--025 **125.00

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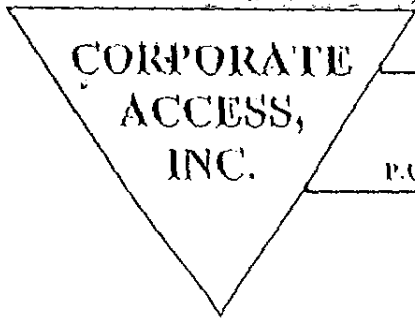
04 SEP 17 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 SEP 17 AM 10:30

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (US) 222-2666 or (800) 969-1666 Fax (950) 222-1666

WALK IN PICK UP 9/17/15

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CERTIFIED COPY

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FILING LLC

1.) G Link Solutions 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

G Link Solutions 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 94609

Mailing Address:

5515 Doyle Street
Suite 12
Emeryville, CA 94609

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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.

Denise Zollner
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 Douce St, Suite 12
Emeraldville, CA 94608

MGR

Joe Monterosso
5515 Douce St, Suite 12
Emeraldville, 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 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)
\$ 3.00 Certificate of Status (Optional)