

L04000067989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

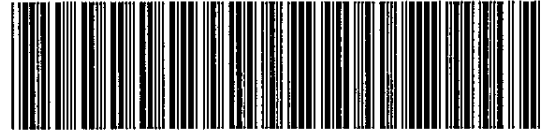
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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SEP 17 2004 -- 01011 -- 024 \*\*125.00

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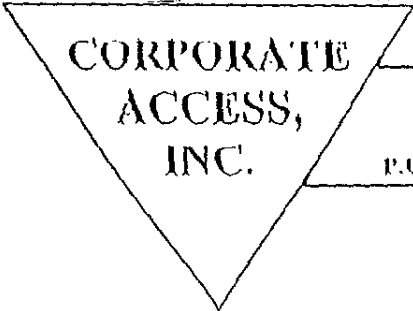
04 SEP 17 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04 SEP 17 AM 10:30

DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA



236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP

9/17 (handwritten date and a smiley face in a circle)

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TALLAHASSEE, FLORIDA

CERTIFIED COPY

CUS

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✓ FILING LLC

1.) Lonestar Telecom 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

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ARTICLE I - Name:

The name of the Limited Liability Company is:

LONESTAR TELECOM 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  
Emeraldville, CA 94608

Mailing Address:

5515 Doyle Street  
Suite 12  
Emeraldville, 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 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:

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

**Name and Address:**

MGRM

Centerline Communications  
5515 Doyle St Surt 12  
Grenville GA 34608

MGR

Joe Montarasso  
5515 Doyle St Surt 12  
Grenville GA 34608

(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.)

Luis Vargas  
 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)