

L05000000879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

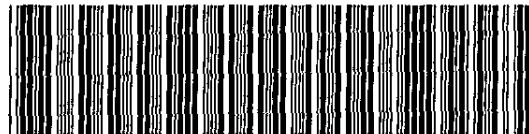
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MICHAEL S. GOTTLIEB  
[mgottlieb@smmlawfirm.com](mailto:mgottlieb@smmlawfirm.com)  
Direct Dial: (240) 778-2310

Maryland Bar  
District of Columbia Bar

December 14, 2004

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attn: Jason Merrick

Re: Structured Networks, LLC  
Our File No.: 1076.001

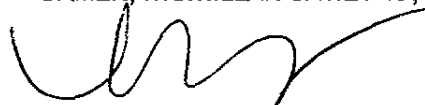
Dear Mr. Merrick:

Enclosed please find Articles of Organization to be filed regarding the above-captioned entity, along with check no. 369 from Structured Networks, LLC in the amount of \$125.00 to cover the filing fee. Please return confirmation of this filing to the address listed below.

For further information regarding this matter, please do not hesitate to call me. Thank you for your assistance with this matter.

Very truly yours,

SAMEK, McMILLAN & METRO, P.C.



Michael S. Gottlieb

MSG/cil  
Enclosures

F:\Document\Clients\Julian, Michael\StructuredNetworks, LLC\ltr - FL Registration - 120804.doc

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name. The name of the Limited Liability Company is:

Structured Networks, LLC

ARTICLE II – Address. The mailing address and street address of the principal office of the Limited Liability Company are as follows:

Street Address:  
615 19<sup>th</sup> Avenue, NE  
St. Petersburg, Florida 33704

Mailing Address:  
P.O. Box 1970  
St. Petersburg, Florida 33731-1970

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature. The name and the Florida street address of the registered agent are:

Michael Julian  
615 19<sup>th</sup> Avenue, NE  
St. Petersburg, Florida 33704

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, F.S.

Registered Agent's Signature: \_\_\_\_\_

ARTICLE IV- Managing Member. The name and address of the sole Managing Member is as follows:

Michael Julian, Managing Member  
615 19<sup>th</sup> Avenue, NE  
St. Petersburg, Florida 33704

\_\_\_\_\_  
Michael Julian, Managing Member

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.)

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