

L000000003947



ACCOUNT NO. : 072100000032

REFERENCE : 648655 7210114

AUTHORIZATION :

COST LIMIT : \$ 125 *Patricia Pigato*

ORDER DATE : April 3, 2000

ORDER TIME : 1:27 PM

ORDER NO. : 648655-005

500003198995-2

CUSTOMER NO: 7210114

CUSTOMER: Ms. Wanda Morse
MS. WANDA J. MORSE
MS. WANDA J. MORSE
918 W. New Haven Ave

Melbourne, FL 32901

DOMESTIC FILING

NAME: I'M WIRELESS, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

EXAMINER'S INITIALS:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 APR -6 PM 3:39

FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

00 APR -6 PM 3:12

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

I'M WIRELESS, LLC

ARTICLE II - Address:

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

1315 OLDEN AVENUE NORTHWEST, PALM BAY, FLORIDA 32907

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

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

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

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

TALLAHASSEE FL 32301

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, F.S.

Laura R. Dunlap

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap

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.)

AUTHORIZED REPRESENTATIVE, LAURA R. DUNLAP

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)

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00 APR -6 PM 3:39
TALLAHASSEE FLORIDA
SECRETARY OF STATE

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of I'M WIRELESS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this
day of April 5, 2000.

Linda H. Almarales
WITNESS

LINDA H. ALMARALES
TYPED OR PRINTED NAME

Gina Sipchan
WITNESS

GINA SIPCHAN
TYPED OR PRINTED NAME

CRL

Ward J. Morse
SIGNATURE

Ward J. Morse
TYPED OR PRINTED NAME

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00 APR -6 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MEMBERS

WANDA MORSE
1315 OLDEN AVENUE NORTHWEST
PALM BAY, FLORIDA 32907

DEBBIE INGRAM
8630 FLORIDA BOYS RANCH ROAD
CLERMONT, FLORIDA 34711

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00 APR -6 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA