CAPITAL CONNECTION, INC. 17 F. Virginia Street, Suite 1. Tallahassee, Florida, 32302

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Signature

Name

Requested by:

Walk-In _____

Date

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 4, 2000

CAPITAL CONNECTION, INC.

SUBJECT: GAECOM TELECOMMUNICATIONS, INC.

Ref. Number: W00000019411

We have received your document for GAECOM TELECOMMUNICATIONS, INC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 500A00042358

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
ARTICLE II - Address: GAECOM TELECOMMUNICATION, I 8181 N.W. 36th Street, Ste 1719 MIRHI FL 33166	TC	
The mailing address and street address of the principal office of the Limited Liability Comp	any is:	
8181 NW 36th Street, Ste 17A	•	
MIAMILET 33166		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:	00	01V10
	=	SIOR
Benneth Jacobi	<u> </u>	26 05m
1020 N.W 163 DY.	-	
Florida street address (P.O. Box NOT acceptable)	PH	울숙연
MAMI FL 33/69	_#- C-3	9 8 9
City, State, and Zip	3: O3	A A
Having been named as registered agent and to accept service of process for the above stated	ယ	S#S
liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisis statutes relating to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.	as ons of al th and	I
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 a	and is	
therefore, a manager - managed company. GAETAN Chapoteau 8181 N.W. 36 Street, Ste 17A Minuti 12 Jaco 33166 (An additional artist Project the added from Fractive date is requested)	11IC 15,	
GAETAN CHAPOTEAU		
8181 N.W. 36 Street, Ste MA		
MIAKTI HUGADA 33166		
(An additional article must be added if an effective date is requested)		
Signature of a member of 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.)		
KENNETH TACOB!		
Typed or printed name of signee		
FILING FEES: \$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered A gent		

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)