

CAPITAL CONNECTION, INC.

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

L000000010849

ENT Network Solutions, LLC

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-09/08/00--01056--007
***155.00 ***155.00

____ Art of Inc. File
____ LTD Partnership File
____ Foreign Corp. File
____ ☒ L.C. File Cert
____ Fictitious Name File
____ Trade/Service Mark
____ Merger File
____ Art. of Amend. File
____ RA Resignation
____ Dissolution / Withdrawal
____ Annual Report / Reinstatement
____ ☒ Cert. Copy
____ Photo Copy
____ Certificate of Good Standing
____ Certificate of Status
____ Certificate of Fictitious Name
____ Corp Record Search
____ Officer Search
____ Fictitious Search
____ Fictitious Owner Search
____ Vehicle Search
____ Driving Record
____ UCC 1 or 3 File
____ UCC 11 Search
____ UCC 11 Retrieval
____ Courier

00 SEP -8 PM 2:12

APPROVED
AND
FILED

RECEIVED

00 SEP -8 AM 11:45

Signature _____

Requested by: cm

9/8 10:53
Date Time

Name _____

Walk-In _____ Will Pick Up _____

JP
9-8-00

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:
ENT Network Solutions, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1455 NW 14th Street, Miami, FL 33125

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

Benjamin Metsch
Name
1455 NW 14th Street
Florida street address (P.O. Box NOT acceptable)
Miami, FL 33125
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..

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)

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.)

Benjamin Metsch, Authorized Representative
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)
- \$ 5.00 Certificate of Status (OPTIONAL)

00 SEP -8 PM12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED