

1000000/10943

Wireless Image

1316 George Jenkins Blvd.  
Suite 7  
Lakeland, FL 33815  
1 863 683 8807  
1 863 683 8906

To: Registration Section

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

This is to apply for registration of the name: Wireless Image L.L.C.

Requested by:

Michael L. McClelland  
1316 George Jenkins Blvd.  
Lakeland, FL 33815

Tel: 863 712 8800 (Mobile)  
Fax: 863 683 8906  
Tel: 863 607 4912

600003306706--4  
-09/08/00-01063-002  
\*\*\*125.00 \*\*\*125.00

Best regards,

Michael McClelland

FILED  
00 SEP -8 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L00-10943

OR 9-

OK  
OK  
OK  
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OK

V. P. Vanyor

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Wireless Image L.L.C.

## ARTICLE II - Address:

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

1316 George Jenkins Blvd., Suite 7  
Lakeland, FL 33815

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

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

Michael L. McClelland  
Name  
5435 Glenmore Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Lakeland, FL 33813  
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..*

Michael L. McClelland  
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.)

Michael L. McClelland  
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.)

Michael L. McClelland  
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)

FILED  
NO SEP - 8 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA