

ACCOUNT NO. : 072100000032

REFERENCE: 857627 4386365

AUTHORIZATION :

COST LIMIT :

ORDER DATE: October 9, 2000

ORDER TIME : 3:46 PM

ORDER NO. : 857627-010

CUSTOMER NO: 4386365

CUSTOMER: Ms. Elizabeth Mussell

Bellsouth Cellular Corp.

1100 Peachtree St.

Atlanta, GA 30309-4599

DOMESTIC FILING

NAME:

CINGULAR WIRELESS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry - EXT. 1157 EXAMINER'S INITIALS:

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100-12302 1818 Al

## ARTICLES OF ORGANIZATION OF CINGULAR WIRELESS LLC

The undersigned, an authorized person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the State of Florida, hereby certifies that:

- 1. Name. The name of the limited liability company formed hereby is Cingular Wireless LLC (the "Company").
- 2. <u>Principal Office</u>. The mailing address and the street address of the principal office of the Company are 1100 Peachtree Street, Suite 910, Atlanta, GA 30309.
- 3. Registered Office and Registered Agent. The registered office of the Company is at 1201 Hays Street, Tallahassee, FL 32301. The registered agent of the Company is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of the 9th of October, 2000.

Bv.

Thomas M. Meiss, Organizer / Authorized

Representative

NO OCT -9 PM 5: 00
SECRETARY OF STATE
OF THE MINISTER TO STATE

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
CINGULAR WIRELESS LLC	
2. The name and the Florida street address of the registered agent and office are:	_
Corporation Service Company (Name)	
Florida street address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301 City/State/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..

BRIAN COURTNEY, ASST. V.P.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

00 OCT -9 PM 5: 00 SECREIARY OF STATE