Requester's Name	
3706 Landings Way Dr., Ste 10	)/ 
Tamou M 33024 City/State/Zip Phone #	L <b>MJH</b>
	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if k	nown):
1. 00789-02595-00524-000 (Corporation Name) (Document #)	71
2. Corporation Name) State 2 P (Document #)	1000044717717 -07/12/0101071008 ****125.00 ****125.00
3. (Corporation Name) (Document #)	
4. (Corporation Name) (Document #)	444-1
	<u>-</u>
□ Walk in □ Pick up time   □ Mail out □ Will wait □ Photocopy	Certified Copy  Certificate of Status
NEW FILINGS AMENDMENTS	
Profit  Not for Profit  Resignation of R.A.	
Limited Liability Domestication Other  Change of Registere Dissolution/Withdra Merger	awal SEE, F
OTHER FILINGS REGISTRATION/QUA	
☐ Annual Report ☐ Foreign ☐ Fictitious Name ☐ Limited Partnership ☐ Reinstatement	ALIFICATION CORRESPONDED STATE
Trademark Other	
CR2E031(7/97)	Examiner's Initials



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 13, 2001

7 1 m

ARTHUR SCOTT 3706 LANDINGS WAY DR., STE 101 TAMPA, FL 33624

SUBJECT: U.S. CONNECT Ref. Number: W01000016246

We have received your document for U.S. CONNECT and your check(s) totaling \$125.00. 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."

You must include the city, state and zip code in Articles II - Address.,

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 301A00041535

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A D	TIC	T	T	RT.	
АK	TIC	LE	I -	Na.	me:

The name of the Limited Liability Company is: U.S. Cornect Group, L.L.C.

#### **ARTICLE II - Address:**

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

3706 LAWDINGS WAY DR. SUITE # 101. Tampe & 33424

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

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

Name

3706 (Anoings way or Sie #10)

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

Tampa FL 33624

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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Acretical V.

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)