

LO1000018702

Dear Sir / Madam.

Please find enclosed a filled form of  
Articles of Organisation for Florida Limited Liability  
Company with a check of \$125.00 payable to  
Florida Department of State.

Please mail the letter of Acknowledgment  
to the following address,

Sarla . S. Ramayyanam,  
1008. Green pine Blvd.  
Apt B1  
West Palm Beach.  
FLORIDA - 33409.

Thanking you.

Yours Sincerely

Sarla

(Sarla . S. Ramayyanam)

FILED  
OCT 30 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100004639671-8  
-10/17/01-01058-006  
\*\*\*\*125.00 \*\*\*\*125.00

LO1-18702  
Q2



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 19, 2001

SARITA RAMAYANAM  
1008 GREEN PINE BLVD., APT. B1  
WEST PALM BEACH, FL 33409

SUBJECT: ICONSNET. LLC  
Ref. Number: W01000024202

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01 OCT 30 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ICONSNET. LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 501A00057792

Dear Sir,

I am enclosing the corrected document as per your request. Please look into it and let me know if you have any questions.

Also I am enclosing a paid FEDEX envelope (with return address) so that you can send me the approved documents in it.

Thanks

Sarita  
10/29/2001

(Ref# W01000024202)  
(SUBJECT: ICONSNET LLC)

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: ICONSNET.LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
1008, Green Pine Blvd. Apt # B1. West Palm Beach. FLORIDA - 33409.

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

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

SARITA S. RAMAYANAM.  
Name

1008 Green Pine Blvd. Apt # B1  
Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33409.  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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.*

Sarita  
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)

Sarita  
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.)

SARITA S. RAMAYANAM.  
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)