

LO2000002974

Cellular Solutions, LLC  
3850 E. Gulf to Lake Hwy #8  
Inverness, FL 34453

January 25, 2002

W02-2889

100004829841--7  
-01/28/02--01025--015  
\*\*\*\*155.00 \*\*\*\*155.00

Here is my home address and work number if you should need to contact me.  
Please mail the letter of acknowledgement to the following address:

Debra J. Shaw  
4058 S. Alpine Ave.  
Inverness, FL 34452

Daytime phone 352-726-3940 (work)

Sincerely,



Debra J. Shaw

FILED  
02 FEB -4 PM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mt  
2/7



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 31, 2002

DEBRA J. SHAW  
CELLULAR SOLUTIONS, LLC  
4058 S. ALPINE AVE.  
INVERNESS, FL 34452

SUBJECT: CELLULAR SOLUTIONS, LLC  
Ref. Number: W02000002889

We have received your document for CELLULAR SOLUTIONS, LLC and your check(s) totaling \$155.00. 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 note that this signature is required even if the same individual signs as agent, above.

Also, please be advised that your name will be filed as it appears above, without quotation marks around the letters LLC.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 902A00006044

02 FEB -4 PM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cellular Solutions, "LLC"

**ARTICLE II - Address:**

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

3850 E. Golf to Lake Highway #8, Inverness, FL 34453

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

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

Debra J. Shaw  
Name

4058 S. Alpine Ave

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

Inverness FL 34452  
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.*

Debra J. Shaw

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)

Debra J. Shaw

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.)

Debra J. Shaw

Typed or printed name of signee

**Filing Fees:**

- X \$100.00 Filing Fee for Articles of Organization  
X \$ 25.00 Designation of Registered Agent  
X \$ 30.00 Certified Copy (Optional)  
~~\$ 5.00 Certificate of Status (Optional)~~

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TALLAHASSEE, FLORIDA