

**LO2000014365**

**Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

**((H02000149638 7))**

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : COURT ACCESS CENTERS OF AMERICA  
Account Number : 075350000541  
Phone : (813)875-1333  
Fax Number : (813)875-2703

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUN 11 AM 8:19

FILED

DIVISION OF CORPORATION

02 JUN 11 AM 7:40

RECEIVED

**LIMITED LIABILITY COMPANY**

**Communications Xchange, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

*LO2-14365*  
*Q*

Audit # H02000149638

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**Communications Xchange, LLC**

The mailing address and street address of the Limited Liability Company are :

**9252 N. 56th Street, Suite 200  
Tampa, FL 33617**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

FILED  
02 JUN 11 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Audit # H02000149638

**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

9252 N. 56th Street, Suite 200  
Tampa, FL 33617

and the name of its registered agent at such address is:

Alison Hicks

**ARTICLE VI**  
**Management**

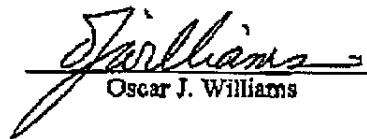
This Limited Liability Company shall have Two manager(s), and is therefore, a manager-managed Company. The name and address of the manager(s) are:

**Name and Address**

Oscar J. Williams  
9252 N. 56th Street, Suite 200  
Tampa, FL 33617

Michael A. Viren  
9252 N. 56th Street, Suite 200  
Tampa, FL 33617

Dated: Friday, June 7, 2002

  
Oscar J. Williams

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUN 11 AM 8:19

FILED

Audit # H02000149638

Audit # H02000149638

**ACCEPTANCE BY REGISTERED AGENT**

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.

Date: June 7, 2002

  
Allison Hicks

FILED  
02 JUN 11 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Audit # H02000149638