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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : PARCORP SERVICES, LTD.

Account Number : 119990000011 Phone : (800)603-2533 Fax Number : (800)398-0461 RECEIVED

OR JUN 19 PM 1: 12

JUNISION OF CORPORATION

LIMITED LIABILITY COMPANY

SOURCE 1 TELECOM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEF FIRE

Fax Audit No. (((H02000154655 3 STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF SOURCE 1 TELECOM, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOURCE 1 TELECOM, LLC

ARTICLE II - Address:

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

8118 BAYMEADOWS CIRCLE EAST, #8, JACKSONVILLE, FL 32256

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

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

NRAI SERVICES, INC.	_
Name	
526 E PARK AVENUE	
Florida street address (P.O. Box NOT ACCEPTABLE)	_
TALLAHASSEE, FL 32301	
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 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.

Signature of a member or authorized representative of a member.

(In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

DAVID L. SURINA

Typed or Printed name of signee

Preparer Info: Parcorp Services, Ltd. / David L. Surina 931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533 Fax Audit No. (((H02000154655 3

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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:

SOURCE 1 TELECOM, LLC

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

	NRAI SERVICES, INC.
	Name
	526 E PARK AVENUE
Florid	a street address (P.O. Box NOT ACCEPTABLE)
	TALLAHASSEE, FL 32301
<u></u>	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 NRAI SERVICES, INC.

Fax Audit No. (((H02000154655 3