## 102000019369

ACCOUNT NO. : 07210000032

REFERENCE

EXAMINER'S INITIALS:

AUTHORIZATION :

COST LIMIT :

\$ 125.00

ORDER DATE: July 28, 2002

ORDER TIME : 2:18 PM

ORDER NO. : 681736-001

CUSTOMER NO:

7345168

Mr. Daryl L. Sullivan CUSTOMER:

Mr. Daryl L. Sullivan

9116 Highland Ridge Way

Tampa, FL 33647

## DOMESTIC FILING

NAME:

BONDI COMMUNICATIONS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Norma Hull - EXT. 1115

PLAIN STAMPED COPY Availability Caminer DCC Updater inater verifyer DCC ৈ 'no viedgement DCC W. P. Verifyer DUC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limite	d Liability Company is:	
BONDI COMMUNICATIO	NS, LLC	
ARTICLE II - Address The mailing address and	s: d street address of the principal office of the Limited	l Liability Company is:
9166 HIGHLAND RIDG	EE WAY, TAMPA, FL 33647	
ARTICLE III - Regist	ered Agent, Registered Office, & Registered Age	nt's Signature:
- 1.1 E7 '	1 ( ) 11 Ctl	
The name and the Florid	da street address of the registered agent are:	
	Corporation Service Company	<del></del>
	Name	
		ZS
	1201 Hays Street Florida street address (P.O. Box NOT acceptable)	- 50 6
	Florida street address (F.O. Box NOT acceptable)	
	Tallahassee FL 32301	\( \sigma_{\sigma}^{\text{\text{\$\frac{1}{2}}}} \)
	City, State, and Zip	F PR
registered agent and ag statutes relating to the	e place designated in this certificate, I hereby accept to gree to act in this capacity. I further agree to comply proper and complete performance of my duties, and I of my position as registered agent as provided for in Corporation Service Company  By: Oroch W. Droport	with the provisions of all am familiar with and
	Registered Agent's Signature	Asst. V. Pres
☐ The Limited Liab	ment (Check box if applicable.) ility Company is to be managed by one manager or a ger - managed company.	more managers and is,
(An ac	dditional article must be added if an effective date is	requested)
	Delionah De Skipper	
Sig	gnature of a member or an authorized representative of a 1	nember.
o	In accordance with section 608.408(3), Florida Statutes, the ex f this document constitutes an affirmation under the penalties can the facts stated herein are true.)	ecution of perjury
	DEBORAH D. SKIPPER	
	Typed or printed name of signee	<del></del>

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)

MEMBERS OF:

BONDI COMMUNICATIONS, LLC

Daryl L. Sullivan address for both: 9166 Highland Ridge Way Managing Member Tampa, FL 33647

Vivian Sullivan Member

Daryl Sullivan ID:CSC

FAX:850 521 1010

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## LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of BONDI COMMUNICATIONS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 29th day of July

Print Name of Signer

WITNESS:

Signature

Print Name of Witness

Print Name of Witness