

L03000013566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W03-8848

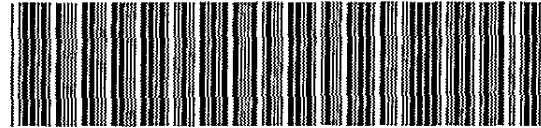
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W04/16

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 15 AM 8:05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 28, 2003

FELISHA N. BATES
PO BOX 81-4211
HOLLYWOOD, FL 33081

SUBJECT: FNB NETWORK ENGINEERS LTD. CO.
Ref. Number: W03000008848

We have received your document for FNB NETWORK ENGINEERS LTD. CO. and your check(s) totaling \$135.00. 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 903A00018797

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FNB NETWORK ENGINEERS LTD. CO.

ARTICLE II - Address:

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

MAILING ADDRESS P.O. BOX 81-4211
HOLLYWOOD, FL. 33081

STREET ADDRESS 2307 TAYLOR ST
APT. 202
HOLLYWOOD, FL. 33021

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

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

FELISHA N. BATES
Name
2307 TAYLOR ST Apt. #202
Florida street address (P.O. Box NOT acceptable)
HOLLYWOOD FL 33021
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.

Felisha N. Bates
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Felisha N. Bates
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.)

FELISHA N. BATES
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)

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