

Division of Corporations

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**L030000019532**

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

From: Account Name : USA CORPORATE SERVICES INC.  
Account Number : I20000000220  
Phone : (800)891-7432  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 MAY 30 PM 2:26

APPROVED  
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LIMITED LIABILITY COMPANY  
SUNSHINE NETWORKS LLC

DIVISION OF CORPORATION

03 MAY 30 PM 1:46

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Certificate of Status	0
Certified Copy	1
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Corporate Filing

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*Handwritten:* 5-30-03

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**ARTICLES OF ORGANIZATION  
OF**

**SUNSHINE NETWORKS LLC**  
Pursuant to section 608.407, Florida Statutes

- 1. The name of the Limited Liability company is: **SUNSHINE NETWORKS LLC**
- 2. The mailing address and street address of the principal office of the Limited Liability Company is:

**P.O. BOX 794, ST. PETERSBURG, FL 33731**

- 3. The name and address of the registered agent is as follows:

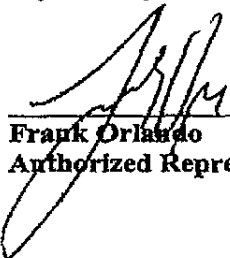
**MICHAEL T. ELLIOTT, 339 BAYVIEW DRIVE NE, ST. PETERSBURG, FL 33704**

- 3. The period of duration for the Limited Liability Company shall be perpetual.

- 4. The Limited Liability Company is to be managed by members and the name(s) and address(s) of such members are as follows:

**MICHAEL T. ELLIOTT, 339 BAYVIEW DRIVE NE, ST. PETERSBURG, FL 33704**

In Witness Whereof, in accordance with section 608.408(3), Florida Statutes, the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true this day 30<sup>th</sup> day of May 2003.

  
 \_\_\_\_\_  
 Frank Orlando  
 Authorized Representative

03 MAY 30 PM 2:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 FILED

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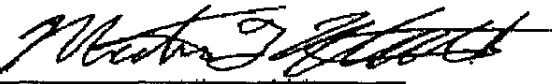
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*Acceptance of Appointment as Registered Agent*

SUNSHINE NETWORKS LLC

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S

Dated: May 30, 2003

X 

Michael T. Elliott  
Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 11 2003  
AND  
FILED

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