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To:

Division of Corporations

Fax Number

: (850)205-0383

Erom:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 103 JUL -3 AHII: 50

## LIMITED LIABILITY COMPANY

ADVANCE CELLTELL XESS, LLC

Certificate of Status	O
Certified Copy	:1
Page Count	02
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103-24353 AC

## ES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

article I - name The Name of the Limited Liability Company is: ADVANCE CELLTELL XESS, LLC

ARTICLE II - ADDRESS The mailing address and street address of the Limited Liability Company is: 14210 CARLSON CIRCLE TAMPA, FI. 33626

ARTICLE III - DURATION -The Period of duration for the Limited Limitely Company shall be Twenty Five years unless extended by a vote of all the members.

ARTICLE IV - MANAGEMENT The Limited Liability Company is to be managed by a manager or managers and the name(s) and the address (es) of such manager(s) is/ arc:

SHARMEEN LAKHANI	14210 CARLSON CIRCLE TAMPA, FL 33626
SHAHABUDDIN LAKHANI	14210 CARLSON CIRCLE TAMPA, Fl. 33626

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Majority Vote of the existing members

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS The right, if given, of the remaining members of the limited liability company to continue the business on the death, rethement, resignation expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which tempinates the continued

membership of a member in the limited liability company shall be:

Majority Vote of the remaining members

SHAHABUDDIN LAKHANI

Managing Member

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

The name of the Limited Liability Corporation is:
ADVANCE CELLTELL XESS, LLC

2. The name and address of the Registered Agent and Office is:

SHAHABUDDIN LAKHANI 14210 CARLSON CIRCLE TAMPA, FL 33626

Having been named as Registered Agent to accept the 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.

Daied: 7/2/03
SHAHABUDDIN LAKHANI
Registered Agent