8418802587 08/29/03 FROM : Clarjon Ventures, Inc

Florida Department of State

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To:

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Fax Number

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From:

Account Name : CLARION VENTURES, INC.

Account Number : I20030000026

Phone

: (801)721-4788

Fax Number

: (801)475-6420

LIMITED LIABILITY COMPANY

TAMPA BAY VOICE SOLUTIONS LLC

Certificate of Status	0
Certified Copy	Ó
Page Count	02
Estimated Charge	\$125.00

IVISION OF CORPORATION

FROM & Claribo Ventures, Inc.

FAX NO. :8014756420

Aug. 29 2003 01:45PM P3

Department of State 8/29/2003 3:17 PAGE 1/1

RightFAX



August 29, 2003

CLARION VENTURES, INC.

SUBJECT: TAMPA BAY VOICE SOLUTIONS LLC

REF: N03000024791

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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Trevor Brumbley Bocument Specialist FAX Aud. #: E03000263924 Letter Number: 403A00048779

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H03000263924-0

ARTICLE ! - Name:

The name of the Limited Liability Company is: TAMPA BAY VOICE SOLUTIONS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 7529 HARRINGTON LANE

BRADENTON, FLORIDA 34202

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

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

RICHARD MICHAEL NOWAK

Name

7529 HARRINGTON: LANE

Florida street address (P.O. Box NOT acceptable)

BRADENTON, PL 34202

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.

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

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.)

RICHARD MICHAEL NOWAK

Typed or printed name of signee

Filing Feer.

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.96 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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