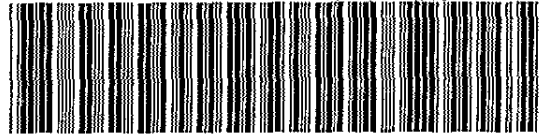


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FLORIDA STATE
TALLAHASSEE, FLORIDA



300024018493

10/23/03--01080--004 **160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED
03 OCT 22 PM 4:

SUBJECT: Florida's Cabling Solutions, LLC
(Name of Limited Liability Company)

CLERK OF STA
TALLAHASSEE, FLOR.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Lee Harrison
(Name of Person)

(Firm/Company)

452 Lanarkshire Place
(Address)

Apopka, FL 32712
(City/State and Zip Code)

For further information concerning this matter, please call:

Jodi Harrison at 407.448.3018
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
03 OCT 22 PM 4: 09
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida's Cabling Solutions, LLC

ARTICLE II - Address:

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

Principal Office Address:

452 Lanarkshire Pl.

Apopka, FL 32712

Mailing Address:

452 Lanarkshire Pl.

Apopka, FL 32712

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

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

Jodi Harrison

Name

452 Lanarkshire Pl.

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

Apopka FLORIDA 32712

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, Florida Statutes..

Jodi Harrison

Registered Agent's Signature

FILED

03 OCT 22 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Jodi Lee Harrison

452 Lanarkshire Pl.

Apopka, FL 32712

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Jodi Harrison

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)

\$160.00