

L03000048237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

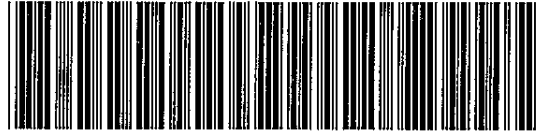
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EFFECTIVE DATE
11/24/03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 2-1666

WALK IN

PICK UP

11/26/03 *[Signature]*

☒ CERTIFIED COPY (3 sets)

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☒ FILING

LLC

1.) NACOM Joint Venture LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/26/03

SPECIAL INSTRUCTIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nacom Joint Venture LLC

ARTICLE II - Address:

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

Principal Office Address:

150 Alhambra Circle

Suite 1150

Coral Gables, FL 33134

Mailing Address:

150 Alhambra Circle

Suite 1150

Coral Gables, FL 33134

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TALLAHASSEE, FLORIDA

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

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

Albert L. Weintraub

Name

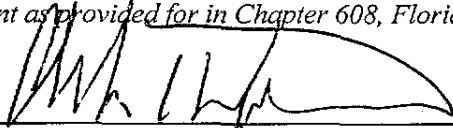
150 Alhambra Circle, Suite 1150

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

Coral Gables, FLORIDA 33134

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..



Registered Agent's Signature

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:

MGRM

Wasim Gulzar

145 East I, Gulburg #3

Lahore, Pakistan

MGRM

Albert L. Weintraub

150 Alhambra Circle, Suite 1150

Coral Gables, FL 33134

MGRM

Nisar Khan

27 Longfellow Drive

Huntington, NY 11746

(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.)

Albert L. Weintraub

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)

ARTICLE V

and * Limited liability purpose:

TRANSMISSION OF TELECOMMUNICATION SERVICES IN PAKISTAN AND OTHER COUNTRIES.

ARTICLE VI

The effective date of filing is:

NOVEMBER 24, 2003