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| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: CANES COMMUNICATIONS LLC (Name of Limited Liability Company)   |
| The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following: |
| TERRANCE L. SAPP (Name of Person)   |
| CANES COMMUNICATIONS LLC SEG. (Firm/Company)  33 ALMOND DRIVE TRAIL   |
| (Address)   |
| OCALA, FL 34472 DIJOLOY   |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |

TERRANCE L SAPP at (352) 624-0235
(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

ARTICLE I - Name: The name of the Limited Liability Company is: CANES COMMUNICATIONS LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 33 ALMOND DRIVE TRAIL 33 ALMOND DRIVE TRAIL Ocala, FL 34472 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: TERRANCE L SAPP 33 ALMOND DRIVE TRAIL

Florida street address (P.O. Box NOT acceptable) OCALA FLORIDA 34472—
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

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

Page 1 of 2 (CONTINUED)

| Title: "MGR" = Manager   | Name and Address:  |
|--|--|
| "MGRM" = Managing Member  MGR  | TERRANCE L. SAPP<br>33 ALMOND DRIVE TRAIL<br>OCALA FL 34472                            |
| • · · · · · · · · · · · · · · · · · · ·  |  |
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|  |  |
| (Use attachment if necessary)  |  |
| •  | added if an effective date is requested.   |
| REQUIRED SIGNATURE:  | e = ····   |
| Signature of a member or an as   | uthorized representative of a member.  |
| (In accordance with section 608, of this document constitutes an a that the facts stated herein are true | 408(3), Florida Statutes, the execution ffirmation under the penalties of perjury ue.) |
| JOLLONCE   | L. Sapp  |

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)

Typed or printed name of signee

12-01-03

ARTICLE V- THE EFFECTIVE DATE OF CANES COMMUNICATIONS LLC IS 01-01-04.

TERRANCE L. SAPP MGR

PINSOR OF CORPORATIONS