L0400003019

, (Requestor's Name)	
J (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:	

Office Use Only



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01/06/04--01083--020 **125.00

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TRANSMITTAL LETTER

STREET ADDRESS:

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TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 8, 2004

STEVE MAUTERER SERVICETONE SYSTEMS 3714 CORINTH DRIVE TALLAHASSEE, FL 32308

SUBJECT: SERVICETONE SYSTEMS LTD: LIABILITY CO.

Ref. Number: W04000000962

We have received your document for SERVICETONE SYSTEMS LTD. LIABILITY CO. and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Please note that we are also retaining your \$125.00 payment.

Several attempts to reach you by phone were unsuccessful.

You can't use "LTD. LIABILITY CO." as a suffix.

Please call me -- BUCK KOHR -- at (850) 245-6914 to discuss acceptable suffixes.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Letter Number: 704A00001315

Buck Kohr Document Specialist FILED W 18

ARTICLES OF ORGANIZATION FOR FLORIDA LÍMITED LIABILITY COMPANY

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ARTICLE I - Name:	2
The name of the Limited Liability Company is: Serv	ice Tone Systems LLC
ARTICLE II - Address:	
The mailing address and street address of the principal	office of the Limited Liability Company is:
The maning address and sheet address of the principal	office of the printed plantity dompany is.
Principal Office Address:	Mailing Address:
3714 Corinth Dr.	37/4 Corinth Dr.
Tallahassee Fl. 32308	1allahassee Fl. 32308
ARTICLE III - Registered Agent, Registered Office	
The name and the Florida street address of the registere	ed agent are:
5+ M. +	
Steve Manterer Name	
1.00210	
3714 Corinth Dr.	
Florida street address (P.O. Box N	OT acceptable)
Tallahassee FL	32308
City, State, and Zip	<u> </u>
,, ,	
Having been named as registered agent and to accept s	
liability company at the place designated in this certific	
registered agent and agree to act in this capacity. I fur	
statutes relating to the proper and complete performance	• •
accept the obligations of my position as registered ager	as providea for in Chapter 000, r.s
Ø	

(CONTINUED)

Registered Agent's Signature

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Steve Manterer 3714 Corinth Dr Tallahassee F1 32308
	,
<u> </u>	
<u> </u>	

(Use attachment if necessary)

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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.)

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)