

LO4000005079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

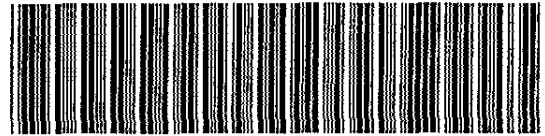
Special Instructions to Filing Officer:

1/13 FL LC

EFFECTIVE 1/6/04

Office Use Only

Wayne Chandler GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Suffix + Eff. date  
DATE 1/20/04  
DOC. EXAM 12754



500025849315

01/13/04--01067--007 \*\*125.00

FILED  
04 JAN 13 AM 10:39  
HJH

6th is the earliest  
allowed  
OK

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Astro 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:

Wayne Chandler  
(Name of Person)

Astro Communications  
(Firm/Company)

8431-6 New Kings Road  
(Address)

Jacksonville, FL 32219  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wayne Chandler at ( 904 ) 765-2055  
(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:

Astro Communications, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8431-6 New Kings Road

Jacksonville, FL 32219

**Mailing Address:**

8431-6 New Kings Road

Jacksonville, FL 32219

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

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

Wayne Chandler

Name

8431-6 New Kings Road

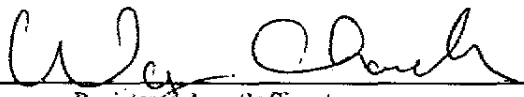
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FLORIDA 32219

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

FILED  
04 JAN 13 AM 10:39  
CLERK OF COURT  
JACKSONVILLE, 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

Wayne Chandler

8431-6 New Kings Road

Jacksonville, FL 32219

MGRM

Cameron Brubeck

8431-6 New Kings Road

Jacksonville, FL 32219

(Use attachment if necessary)

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

**EFFECTIVE DATE:** January 6, 2004

**REQUIRED SIGNATURE:**

Wayne Chandler  
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.)

Wayne Chandler

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)