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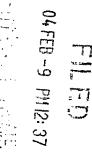
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Troy F. Ruth Cable Installation L.L.C. (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:
Troy F. Ruth (Name of Person)
Troy F. Ruth Cable Installation (Firm/Company)
7009 Interbay Blud (Address)
Tampa Florida 33616 (City/State and Zip Code)
For further information concerning this matter, please call:

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:
Troy F. Ruth Cable Installation L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Troy F. Ruth Troy F. Ruth
7009 Interbay Blud 7009 Interbay Blud
Tampa, Florida 33616 Tampa, Florida 33616
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Toy F. Ruth Name 7009 Interbay Blvd Florida street address (P.O. Box NOT acceptable) Tampa 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

Page 1 of 2 (CONTINUED)

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	* = =
MC-R_	Troy F. Ruth 7009 Interbay Blud Temper, Fr. 33614	/=
		Same Same
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(Use attachment if necessary)		
	nust be added if an effective date is requested.	
REQUIRED SIGNATURE:	nust be added if an effective date is requested. Or an authorized representative of a member.	
REQUIRED SIGNATURE: Signature of a member (In accordance with sect of this document constituted that the facts stated here)	or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution outes an affirmation under the penalties of perjury	