

L04000024679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

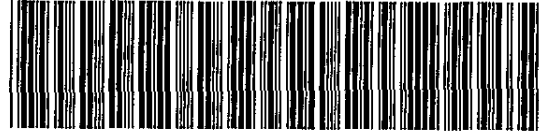
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800030717608

05-24-11--01011--001 **125.00

04/01/04
LSC

04 MAR 23 PM 12:14
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wave Wire, 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:

BRIAN CHAIKEN

(Name of Person)

SUPRA TELECOMMUNICATIONS AND INFORMATION SYSTEMS, INC.,

(Firm/Company)

2620 SW 27TH AVENUE

(Address)

MIAMI, FLORIDA 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

ESTHER SUNDAY

(Name of Person)

at (305) 476-4251
(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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 MAR 23 PM 12:14

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wave Wire, 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:

2620 SW 27TH AVENUE

SAME

MIAMI, FLORIDA 33133

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

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

ESTHER SUNDAY

Name

2620 SW 27TH AVENUE

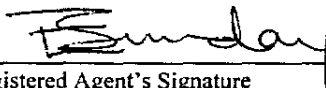
Florida street address (P.O. Box NOT acceptable)

MIAMI FLORIDA 33133

City, State, and Zip

RECEIVED
STATE DEPT. OF STATE
DIVISION OF CORPORATIONS
MAR 23 PM 12:14

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:

MGR

SUPRA TELECOMMUNICATIONS AND

INFORMATION SYSTEMS, INC.,

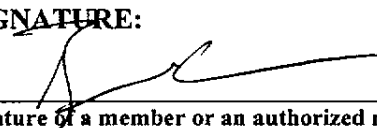
2620 SW 27TH AVENUE, MIAMI, FL 33133

(Use attachment if necessary)

06 MAR 23 PM 12:14
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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.)

Brian Chaiken, Executive Vice President Legal Affairs.

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)