

L04000032702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

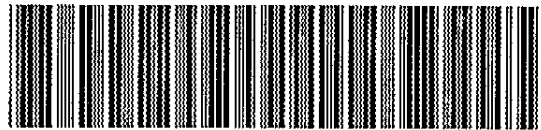
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300031319653

04/02/04--01042--015 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 30 AM 8:00

1/204/20/04

5p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Telezone 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:

Sinta McCall
(Name of Person)

Telezone LLC
(Firm/Company)

2618 Cove Cay Drive, Suite 803
(Address)

Clearwater, FL 33760
(City/State and Zip Code)

For further information concerning this matter, please call:

Sinta McCall at (727) 507 - 8846
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 30 AM 8:00

W04-14303



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 13, 2004

SINTA MCCALL
TELEZONE LLC
2618 COVE CAY DRIVE, SUITE 803
CLEARWATER, FL 33760

SUBJECT: TELEZONE LLC
Ref. Number: W04000014303

We have received your document for TELEZONE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation. *I signed it.*

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 704A00024257

APR 30 AM 8:00
STATE
SECRETARY OF STATE
REGISTRATION
2004

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Telezone LLC

ARTICLE II - Address:

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

Principal Office Address:

2618 Cove Cay Drive, Suite 803

Clearwater, FL 33760

Mailing Address:

2618 Cove Cay Drive, Suite 803

Clearwater, FL 33760

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

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

Sinta McCall

Name

2618 Cove Cay Drive, Suite 803

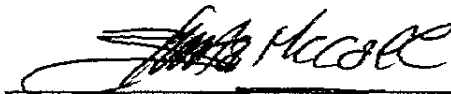
Florida street address (P.O. Box **NOT** acceptable)

Clearwater, FLORIDA 33760

City, State, and Zip

FILED
STATE
SECRETARY OF CORPORATIONS
04 APR 30 AM 8:00

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

Sinta McCall

2618 Cove Cay Drive, Suite 803

Clearwater, FL 33760

(Use attachment if necessary)

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.)

SINTA MCCALL

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 30 AM 8:00