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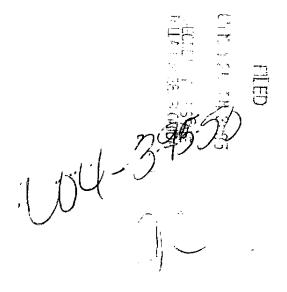
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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 3, 2004

WALTER SOMMERVILLE 830 BUCKSAW PL. LONGWOOD, FL 32750

SUBJECT: FAST SPEED OF CENTRAL FLORIDA, INC.

Ref. Number: W04000016891

We have received your document for FAST SPEED OF CENTRAL FLORIDA, INC. 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 name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 804A00029975

# TRANSMITTAL'LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FAST SPEED OF CENTRAL FLORDIA, 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:	
WALTER SOMMERVILLE	
(Name of Person)	
FAST SPEED OF CENTRAL FLORIDA, INC.	
(Firm/Company)	
830 BUCKSAW PL.	_
(Address)	
LONGWOOD, FLORIDA 32750	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
WALTER SOMMERVILLE at (407 ) 466-5806	
(Name of Person) (Area Code & Daytime Telephone Number)	0 H ( )

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 į

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:	
The name of the Limited Liability Company is	;
Times was	
FAST SPEED OF CENTRAL FLORIDA, INC.	Fast Times of central Mo
Later	1106
ARTICLE II - Address:	
<del></del>	orincipal office of the Limited Liability Company is:
The maning address and street address of the p	amorpar office of the Bhinted Elaothty Company is.
Principal Office Address:	Mailing Address:
•	
-830 BUCKSAW PLACE	830 BUCKSAW PLACE
LONGWOOD, FL 32750	LONGWOOD, FL 32750
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:
The name and the Florida street address of the	, J J J
WALTER SOMMERVILLE	
Name	
830 BUCKSAW PL.	'చ్చి'
Florida street address (P.	O. Box NOT acceptable)
LONGWOOD	EL ORIDA 32750
City, State,	TLORIDZY
Chy, blace,	with with

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 proprided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	WALTER SOMMERVILLE
	830 BUCKSAW PL.
	LONGWOOD, FLORIDA 32750
(Use attachment if necessary)	
	TALLAN TALLAN
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Walt In	uthorized representative of a member.
(In accordance with section 608, of this document constitutes an a that the facts stated herein are transfer.)	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

WALTER SOMMERVILLE

- \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee