

L04000042226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

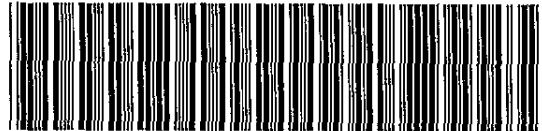
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



600036909916

06/07/04--01010--001 *\$310.00

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 JUN -7 AM 8:43

RECEIVED
JUN -7 AM 8:53

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silver Star 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:

John Robert E. Lee, III
(Name of Person)

Silver Star Communications, LLC
(Firm/Company)

PO Box 7231
(Address)

Tallahassee, FL 32314
(City/State and Zip Code)

For further information concerning this matter, please call:

John Robert E. Lee, III at 850, 681-6000
(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
TALLAHASSEE, FLORIDA
04 JUN -7 AM 8:53

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Silver Star Communications, LLC

ARTICLE II - Address:

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

Principal Office Address:

1100 A E Tennessee Street
Tallahassee, FL 32308

Mailing Address:

P.O. Box 7281
Tallahassee, FL 32314

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

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

Keshya Williams Lee
Name

1100 A E Tennessee St.
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32308
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, F.S.

Keshya Williams Lee
Registered Agent's Signature

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
04 JUN -7 AM 8:53

(CONTINUED)

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

John Robert E. Lee, III
P.O. Box 7231
Tallahassee, FL 32314

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

John Robert E. Lee
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.)

JOHN ROBERT E. LEE
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
TALLAHASSEE, FLORIDA
04 JUN -7 AM 8:53