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(Requestor's Name)

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(City/State/Zip/Phone #)

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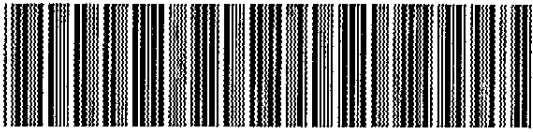
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GATOR COMMUNICATIONS, L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM F. OTTLINGHAUS  
(Name of Person)

GATOR COMMUNICATIONS, L.L.C.  
(Firm/Company)

P.O. BOX 700  
(Address)

SARASOTA, FLORIDA 34230  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM F. OTTLINGHAUS at ( 941 ) 345-3509  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GATOR COMMUNICATIONS, 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:**

3742 KOSTEN PLACE

SARASOTA, FLORIDA 34240

**Mailing Address:**

P.O. BOX 700

SARASOTA, FLORIDA 34230

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

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

WILLIAM F. OTTLINGHAUS

Name

3742 KOSTEN PLACE

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

SARASOTA FLORIDA 34240

City, State, and Zip

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*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 | WILLIAM F. OTTLINGHAUS<br>3742 KOSTEN PLACE<br>SARASOTA, FLORIDA 34240 |
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(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.)

WILLIAM F. OTTLINGHAUS  
 \_\_\_\_\_  
 Typed or printed name of signee

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 F.L.C.U.  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

- 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)