

L04000054035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

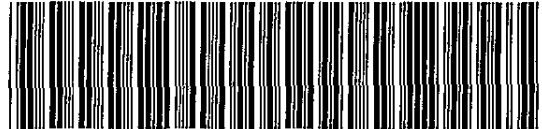
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
04 JUL 21 AM 11:07  
DIVISION OF CORPORATION

FILED  
04 JUL 21 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04 JUL 21 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BK*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 813120 11977A

AUTHORIZATION :

*Patricia Pajuts*

COST LIMIT : \$ 125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : July 20, 2004

ORDER TIME : 4:25 PM

ORDER NO. : 813120-005

CUSTOMER NO: 11977A

CUSTOMER: Heather Wilkins  
Wilson & Iseman, L.l.p.

Suite 400  
110 Oakwood Drive  
Winston-salem, NC 27103-1904

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: DIRECT SAT TV, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Direct SAT TV, LLC

**ARTICLE II - Address:**

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

Principal Office Address:

Direct SAT TV, LLC

4591 Oyster Shell Drive

North Captiva, FL 33924

Mailing Address:

Direct SAT TV, LLC

P.O. Box 396

Pineland, FL 33945

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FLORIDA 32301

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, Florida Statutes..*

Corporation Service Company

By: Deborah D. Skipper  
Registered Agent's Signature

Deborah D. Skipper  
Asst. V. Pres.

**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

Richard C. Craven

4591 Oyster Shell Drive

North Captiva, FL 33924

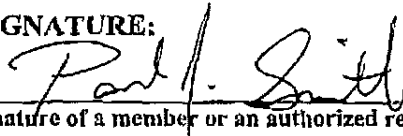
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(Use attachment if necessary)

**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.)

By: Paul J. Smith

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)