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TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: Ilorida Vaice and Data, L.L.C. (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:					
Brice Campbe (Name of Person)	<u>ee</u>				
Florida Voice (Firm/Company)	and Data, L.L.C.				
1606 Cisenhower St.					
Jallasau, FC (City/State and Zip Code)	32310				
For further information concerning this matter, please call:					
Bria Campbell (Name of Person)	at (850) 580 - 330 4 (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				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR TEORI	OALEMIED ELABERTI COM ANT			
ARTICLE I - Name:				
The name of the Limited Liability Company is:	_			
Florida Voice and Data,	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:	Mailing Address:			
1606 Cisenhauer St.	1606 Eisensower St.			
Jaliarassii 32.	Tallehasser FC			
	32370			
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:			
The name and the Florida street address of the registere	d agent are:			
Buci Campbel Name				
Name				
1606 Eisenhower St.				
Florida street address (P.O. Box NO				
Tallahassue FL City, State, and Zip	32310			

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..

Registered Agent's Signature

(CONTINUED)

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

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

Title:			Name and Address:
"MGR" = Manager			
"MGRM" = Managir	ng Member		
MGRM	gijer to ja	- 1-45 €	Brice Campsell .
			Jallahasser St. 32310
			MUCAHANNU SA 58310
MGRM	an again of 1.95 c.	- er	Lux D. Elliott
			3825 Flans Dr.
			Tallohassu, FL 32309
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(Use attachment if ne	cessary)		
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REQUIRED SĪĞNA	TURE:		
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Si	gnature of a me	ber or	an authorized representative of a member.
0	n accordance with f this document co lat the facts stated	onstitute	n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury are true.)
	Bric	e (ampbell
_		Typed	or printed name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)