

LO4000060843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

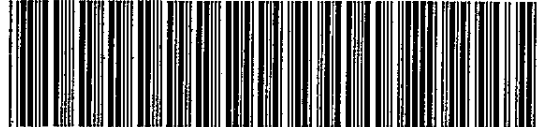
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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

ABSOLUTE NETWORKING 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 E. OSTBERG III  
(Name of Person)

ABSOLUTE NETWORKING LLC  
(Firm/Company)

P.O. Box 1675  
(Address)

AUBURNDALE, FL 33823  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN OSTBERG III  
(Name of Person)

at ( 863 ) 581-7696  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABSOLUTE NETWORKING LLC

ARTICLE II - Address:

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

Principal Office Address:

372 RENSSALAER AVENUE  
AUBURNDALE, FL 33823

Mailing Address:

P.O. BOX 1675  
AUBURNDALE, FL 33823

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

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

DERRICK A. DIKE  
Name

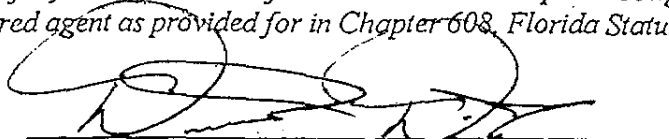
1939 SUMMER CLUB DR #201  
Florida street address (P.O. Box NOT acceptable)

OVIEDO FLORIDA 32765  
City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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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

JOHN E. OSTBERG III

P.O. BOX 1675

AUBURNDALE, FL 33823

MGR

DERRICK A. DIKE

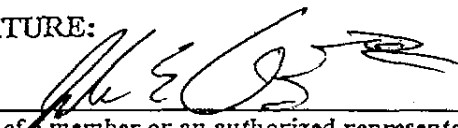
1939 SUMMER CLUB DR #201

OVIEDO, FL 32765

(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.)

John E Ostberg

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA

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