

L04000076715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

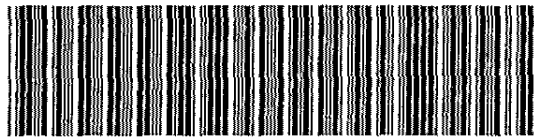
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900041359519

10/01/04--01030--023 **125.00

FILED

04 OCT 21 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LA 10/22/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A S A P VOICE, VIDEO AND DATA SOLUTIONS
(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:

MARCELO CUADRA
(Name of Person)

A S A P VOICE, VIDEO AND DATA SOLUTIONS
(Firm/Company)

1117 SW 117 CT
(Address)

MIAMI, FL 33184
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCELO CUADRA at (305) 553-8262
(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
OCT 21 AM 11:37
TALLAHASSEE, FLORIDA
STATE
W0073604

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

A.S.A.P., VOICE, VIDEO & DATA SOLUTIONS., 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:

1117 S.W. 117 COURT

MIAMI, FL 33184

Mailing Address:

SAME

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

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

MARCELO CUADRA

Name

1117 S.W. 117 COURT

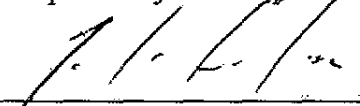
Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33184

FLORIDA

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..



Registered Agent's Signature

FILED
04 OCT 21 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

MARCELO CUADRA

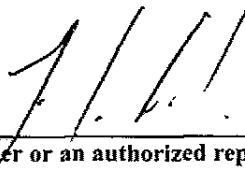
1117 SW 117 CT

MIAMI, FL 33184

(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.)

MARCELO CUADRA

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
04 OCT 21 AM 11:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE