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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

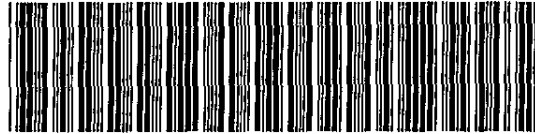
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 112117 4717815

AUTHORIZATION :

COST LIMIT : \$ 125.00

*Patricia Pignatelli*

ORDER DATE : December 29, 2004

ORDER TIME : 10:48 AM

ORDER NO. : 112117-010

CUSTOMER NO: 4717815

CUSTOMER: Mr. Rocco Lucente  
Cohen & Lombardo, P.c.

343 Elmwood Avenue

Buffalo, NY 14213-3010

DOMESTIC FILING

NAME: INTELESERVICES HOLDING, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

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

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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:

Inteleservices Holding, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Lakeside Technology Center

5730 Hoover Blvd.

Tampa, FL 33634

**Mailing Address:**

Lakeside Technology Center

5730 Hoover Blvd.

Tampa, FL 33634

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

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

Ronald Benson c/o Inteleservices Holding, LLC

Name

Lakeside Technology Center, 5730 Hoover Blvd.

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

Tampa

FLORIDA 33634

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..

By: [Signature]

Registered Agent's Signature Ronald Benson

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(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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Ronald Benson

11234 West Hillsboro Avenue  
Tampa, FL 33635

(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: Ronald Benson, Manager

Typed or printed name of signee

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**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)