

L04 0000 94418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

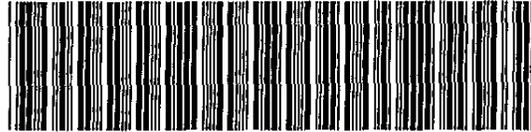
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 112117 4717815  
AUTHORIZATION : *Patricia Figute*  
COST LIMIT : \$ 125.00

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
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Troy Todd - EXT. 2940  
EXAMINER'S INITIALS: \_\_\_\_\_

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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:   
Registered Agent's Signature Ronald Benson

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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

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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: Ronald Benson, Manager  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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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)