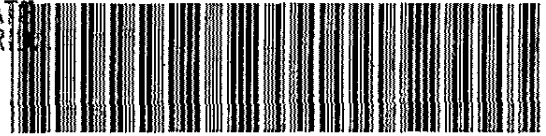


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

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TO: Registration Section
Division of Corporations

2005 JAN -7 P 1:45

SUBJECT: CERVAE COMMUNICATIONS, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES R LANIER III
(Name of Person)

CERVAE COMMUNICATIONS
(Firm/Company)

PO BOX 4215
(Address)

SEMINOLE FL 33775
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES R. LANIER III at (727) 460 3439
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CERVAE COMMUNICATIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

PO BOX 4215
SEMINOLE FL
33775

PO BOX 4215
SEMINOLE FL
33775

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

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

JAMES R. LANIER III
Name

2300 SE 38th ST
Florida street address (P.O. Box NOT acceptable)

OCALA FL 34480
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, F.S..

J. R. Lanier III
Registered Agent's Signature

(CONTINUED)

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:

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2005 JAN -7 P 1:45

MGRM

JAMES R. LANIER
2300 SE BILAMASSEE, FLORIDA
OCCALA FL 34480

MGRM

JOHN G. SCHWARZ
9545 TARA CAY CT
SEMINOLE FL 33776

MGRM


~~9624 121st ST N~~
~~SEMINOLE FL 33778~~

RICHARD A. SCHOMP
9624 121st ST N
SEMINOLE, FL 33778

(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.)

JAMES R. LANIER JR

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)