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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: VOIP Partners, 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:				
David T. Brown (Name of Person)				
VOIP Partners, LLC (Firm/Company)				
ala8 NE 9th Ave (Address)				
Wilton Manors FL 33305 (City/State and Zip Code)				
For further information concerning this matter, please call:				
David Brown at (954) 263-6242  (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\frac{1}{2}\$				
STREET ADDRESS: MAILING ADDRESS:  Projection Section				

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is	s:		
VOIP Partners, L	L C.	<del></del>	
ARTICLE II - Address:			
The mailing address and street address of the	principal office of the Limited Liabilit	y Comp	pany is:
Principal Office Address:	Mailing Address:		
Willen Manors, FL 33305	Wilton Munors F	ve 5305	
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Sign	nature:	
The name and the Florida street address of the	e registered agent are:		05 F
David T. F	3rown	•	EB ···
Nam	ne		2
7128 NE q Florida street a	th Are address (P.O. Box NOT acceptable)	· -	PH 3:
Wilton Manors	FL 33305		8

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..

Registered Agent's Signature

City, State, and Zip

(CONTINUED)

	anager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	David T. Brown
	David T. Brown 2128 NE 9th Ave Wilton Monors FL 3330
	Wilton Minors PL 3330
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
NOTE. An additional at ticle in	ast be added if all effective date is requested.
REQUIRED SIGNATURE:	
_ David	3 Brown
Signature of a me	mber or an authorized representative of a member.
(In accordance with	h section 608.408(3), Florida Statutes, the execution
	onstitutes an affirmation under the penalties of perjury ted herein are true.)

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)

David T. Brown
Typed or printed name of signee