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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone

: (516)935-3940

Fax Number

: (516)935-3088

LIMITED LIABILITY COMPANY

Wireless Champs of Florida LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

| ARTICL | ΕI | - 1 | Name |
|--------|----|-----|------|
|--------|----|-----|------|

The name of the Limited Liability Company is: Wireless Champs of Florida 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: |
|---|---|
| 801 N. Congress Avenue | 801 N. Congress Avenue |
| Boynton Beach, FL 33426 | Boynton Beach, FL 33426 |
| ARTICLE III - Registered Agent, R | egistered Office & Registered Agent's Signature |
| The name and Florida street address of the re | gistered agent are: |
| | RonTraum |
| | Name |
| | 3778 SW 50th Court |
| | (P.O. Box or Mail Drop Box NOT Acceptable) |
| | Hollywood, FL 33312 |
| | (City / State / Zip) |
| at the place designated in this certificate, a capacity. I further agree to comply with the | d to accept service of process for the above stated limited liability compa hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relating to the proper and complete performan ecept the obligations of my position as registered agent as provided for in |
| - Picori | Sered Agent's Signature - Ron Traum |

H05000079049

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

Simon Blitz- 68-15 Fresh Meadow Lane, Fresh Meadows, NY 11365

MGRM

Daniel Gazal- 68-15 Fresh Meadow Lane, Fresh Medows, NY 11365

MGRM

Ron Traum- 3778 SW 50th Court, Hollywood, FL 33312

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member of 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.)

Simon Blitz

Typed or printed name of signee

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SECRETARY OF STATE
TALL AHASSEE FLORIDA