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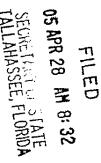
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
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TRANSMITTAL LETTER

Division of Con			
SUBJECT: Teldata C	Communications les. U.G.		
- .	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Theresa	D. Rubalcava		
	Q	Name of Person)	
Teldata communicat			
•	(I	Firm/Company)	
319 Lebeau	St.		
.*		(Address)	TASS ST
			PR. T
Clear	water Florida 33755	State and Zip Code)	PSS 60 F
	(Cny/	Built and Esp Code)	田子 王
For further information of	concerning this matter, please	call:	APR 28 AM 8: 32 ALLAHASSEE, FLORID
Theresa Rubalcava		at (727) 418-7125	>
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS:	MAILING A	
	ration Section on of Corporations	Registration S Division of Co	
409 E.	Gaines Street	P.O. Box 6327	
Tallah	assee, Florida 32399	Tallahassee, F	lorida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 20, 2005

THERESA D. RUBALCAVA TELDATA COMMUNICATIONS 319 LEBEAU ST CLEARWATER, FL 33755

SUBJECT: TELDATA COMMUNICATIONS

Ref. Number: W05000018435

We have received your document for TELDATA COMMUNICATIONS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When you returned your document, you did not return the last page. Please complete the enclosed form and return it for processing.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please ca (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 005A00027126



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 12, 2005

THERESA D. RUBALCAVA TELDATA COMMUNICATIONS 319 LEBEAU ST CLEARWATER, FL 33755

SUBJECT: TELDATA COMMUNICATIONS

Ref. Number: W05000018435

We have received your document for TELDATA COMMUNICATIONS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 505A00024859

ECRETANT OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
Tel. Pota Commo	nications L.L.C.
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
319 lebeau st.	319 Lebeau St.
Clearwater Florida 33755	Clearwater Florida 33755
ARTICLE III - Registered Agent, Registe The name and the Florida street address of the Theresa D. Rubalcava Na 319 Lebeau St.	28
Florida street	t address (P.O. Box NOT acceptable)
Clearwater Florida 33755	
City, Sta	ate, and Zîp
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Manager	aging Member(s): er or Managing Member is as follows:
The name and address of each Manag	et of Managing Member is as follows.
Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MER	Theresa D. Rubalcava
	319 Lebeau st cleurwater FI 33755
	CLECTIONER FI 33730
-	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	78.8
0	1人
Mul	型
Signature of a membe	er or an authorized representative of a member.
(In accordance with sec of this document const that the facts stated h	nates an armination tritter the penantes of perjury
THERESY Ty	Ped 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)