LOS00060887

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u></u>
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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06/13/05-01010-005 **125.00

SECRETARISEE FLO

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BEEPERS N Phones	OF CLICANO, LLC	
	l Liability Company)	
The enclosed Articles of Organization and fee(s) are sa	abmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Romans	Rowince	
Q	Name of Person)	
Burrens N Phones OF	Orieso LLC	
And the second s	Firm/Company)	
3350 FAM BAY	(Address)	
	(Address) SECKE AND STALL AHASSEE FLORID Call:	
	State and Zip Code) Fig. 7 State and Zip Code)	
LALGO, FLO	aid 33771 =================================	
(City/	State and Zip Code)	
	500 £ 0	
For further information concerning this matter, please	call:	
1	Ref. 20	
(Name of Person)	at (727) 535-6666 P (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	·	
\$125.00 Filing Fee	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,	
Certificate of Status	Certified Copy Certificate of Status &	
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
BERPERS N Phones OF ONIEDO, 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:
01/100 OVIEDO MARKETPLACE BULL 3350 EAST BAY DRIVE OVIEDO, FLOAIDA 32765 LARBO, FL 33771
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
RONALD POWERLE ST
Name SS &
3350 FAM BAY DRIVE DE TO
Florida street address (P.O. Box NOT acceptable)
LARGO FL 33771 TO NO
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
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM LARGO FLORIAL (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.)

Konand Powner

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)

OS JUN 13 PM 2: 20
SECKEL/SEFE FLORID