

L05000062923

2005 JUN 17 P 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

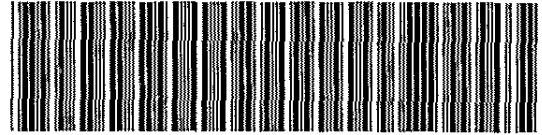
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06/20/05--01014--015 \*\*125.00

6-17-05

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED

SUBJECT: WIRELESS GIANT TAMPA LLC 7005 JUN 17 P 2:36  
(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:

DEAN OLINGER  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

8 BRUSH STREET  
(Address)

PONTIAC, MI 48341  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEAN OLINGER at ( 248 ) 705-5101  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

6-17-05

**FILED**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WIRELESS GIANT TAMPA 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:**

4246 65<sup>th</sup> PLACE EAST  
SARASOTA, FL 34243

8 BRUSH STREET  
PONTIAC, MI 48341

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

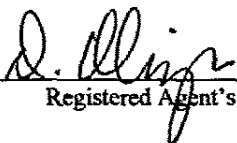
The name and the Florida street address of the registered agent are:

DEAN OLINGER, ALISON OLINGER  
Name

4246 65<sup>th</sup> PLACE EAST  
Florida street address (P.O. Box NOT acceptable)

SARASOTA FL 34243  
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)

6-17-05

**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:**

**FILED**

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ALLISON OLINGER  
4246 65th PLACE EAST  
SAVANNAH, FL 34243  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

MGRM

DEAN OLINGER  
4246 65th PLACE EAST  
SAVANNAH, FL 34243

(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.)

DEAN OLINGER

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)**