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(Requestor's Name)	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NetStick Lt. (Name of Limited)	d. Co. Liability Company)	
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Jaseph D	ino Falcone Name of Person)	
<u>NetStick</u>	Led. Co.	
3122 Terry Broo	ok Dr. Apt. 50 (Address)	26
Winter Park (City)	FL 32792 State and Zip Code)	
For further information concerning this matter, please of	call:	
Joseph Dino Falcone (Name of Person)	at (724) 681 - 724 (Area Code & Daytime Te	2738
Enclosed is a check for the following amount:	•	TALLA
□ \$125.00 Filing Fee \$\square\$	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING AND Registration Solution of Control P.O. Box 6327 Tallahassee, F	DDRESS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited	Liability Company is:		•
Net Sti	ck Ltd. Co.		·
ARTICLE II - Address The mailing address and		incipal office of the L	imited Liability Company is:
Principal Office Addres	ss:	Mailing Address:	
3122 Jerry Brook Winter Park, FL	DR APT 506	3122 Terry B Winter Park, 1	5700K DF APT 506 FL 32792
ARTICLE III - Registe The name and the Florida			d Agent's Signature:
	JOSEPH DINO	FALCONE	
	Name		·····
3122	L TERRY BROOK DR	APT 506	
Prince and the second	Florida street addı	ress (P.O. Box <u>NOT</u> acce	ptable)
	WINTER PARK City, State, an	FL 32792 nd Zip	· · ·
liability company at the registered agent and agrestatutes relating to the part of the par	he place designated in th ee to act in this capacity proper and complete per	nis certificate, I hereby . I further agree to co formance of my dutie, tered agent as provide	ess for the above stated limited accept the appointment as amply with the provisions of all s, and I am familiar with and ed for in Chapter 608, F.S.

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	JOSEPH DING FACCONE
	3122 TERRY BROOK DR. APT 506
	WINTER PARK, FL 32792
	•
	
	
	
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(Use attachment if necessary)	
NOTES As additional autists	haterween is the critical and is an assumed
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
	1 10 00
/	Joseph Dino Tuleme
Signature of a	nember or an authorized representative of a member.
of this degument	rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjuty tated herein are true.)
1	
Jost	Typed or printed name of signee
	in the second
Filing Fees:	
\$125.00 Filing Fee for Articles of	Organization and Designation
	- 1) (I)
of Registered Agent	
of Registered Agent \$ 30.00 Certified Copy (Optiona \$ 5.00 Certificate of Status (Op	1)

COVER LETTER FOR ARTICLES OF ORGANIZATION JOSEPH DING FALCONE 3122 TERRY BROOK DRIVE APT 506 WINTER PARK, FL 32792 (724) 681-2738