

FEB-17-10 21:55

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Florida Department of State
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To:
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Fax Number : (850) 205-0383

From:
Account Name : ACCOUNTING & BEYOND
Account Number : 19990000223
Phone : (813) 998-9800
Fax Number : (813) 935-9982

LIMITED LIABILITY COMPANY

PHONES 4 ALL OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 5, 2005

ACCOUNTING & BEYOND

SUBJECT: PHONES 4 ALL, LLC
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the LLC must be identical on your cover sheet and in the articles.

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

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Lee Rivers
Document Specialist

FAX Attn. #: H05000186323
Letter Number: 705A00050500

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DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PHONES 4 ALL 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:210 S. KINGS AVENUEUNIT JBRANDON, FL 33510**Mailing Address:**210 S. KINGS AVENUEUNIT JBRANDON, FL 33510**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

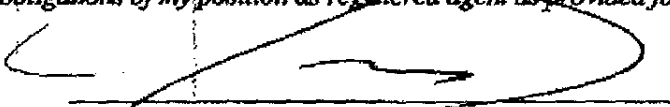
JUAN MOREJON

Name

210 S. KINGS AVENUE, SUITE JFlorida street address (P.O. Box **NOT** acceptable)BRANDON, FL 33510FL

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)

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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:****MGR****ROBERTO BORRERO, JR.****210 S. KINGS AVENUE, SUITE J****BRANDON, FL 33610****MGRM****JUAN MOREJON****210 S. KINGS AVENUE, SUITE J****BRANDON, FL 33510**

(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.)****JUAN MOREJON****Typed or printed name of signer****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)**FILED
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