

L05000083258

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2005 AUG 23 P 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Signal Solvers Limited Liability Company
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter B. Comer
(Name of Person)

Signal Solvers Limited Liability Company
(Firm/Company)

1238 Tecumseh Trail
(Address)

Pensacola, FL 32514
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Comer at (850) 968-4100
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 9, 2005

PETER B. COMER
SIGNAL SOLVERS LIMITED LIABILITY COMPANY
1238 TECUMSEH TRAIL
PENSACOLA, FL 32514

SUBJECT: SIGNAL SOLVERS LIMITED LIABILITY COMPANY
Ref. Number: W05000037520

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 105A00051065

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Signal Solvers Limited Liability Company

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1238 Tecumseh Trail
Pensacola, FL 32514

Mailing Address:

1238 Tecumseh Trail
Pensacola, FL 32514

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

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

Peter B. Comer

Name

1238 Tecumseh Trail

Florida street address (P.O. Box **NOT** acceptable)

Pensacola, FL 32514

FL

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

Peter B. Comer

Registered Agent's Signature

(CONTINUED)

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Jeff B. Walker

35535 Pine Road South

Stapleton, AL 36578

MGR

Peter B. Comer

1238 Tecumseh Trail

Pensacola, FL 32514

MGR

Susan G. Comer

1238 Tecumseh Trail

Pensacola, FL 32514

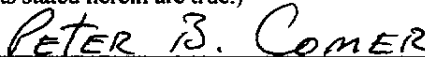
(Use attachment if necessary)

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.)


Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)