

Dec-30-2005 02:07 pm

From: DAVID WILLIAMS LAW FIRM PA

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

LIMITED LIABILITY COMPANY

Strategic Telephony Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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DIVISION OF CORPORATION

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Strategic Telephony Solutions LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 1609 Jody Ct., Jacksonville, FL 32259.

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

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

Agents and Corporations, Inc.  
Suite E, 773 4<sup>th</sup> Avenue North  
Naples, FL 34102

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

**ARTICLE IV - Management (Check box if applicable.) ☐**


The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ARTICLE V - Manager:**

The Initial Manager(s) of the Limited Liability Company shall be:

Robert Killory

Debra L. Killory

  
Signature of a member or an authorized representative of a member  
(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Debra L. Killory  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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