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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

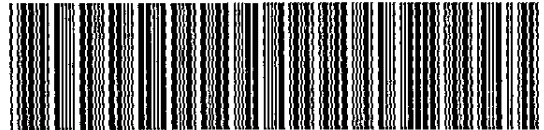
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[Signature]

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: PHL Net Branch Division LLC  
(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:

Jason Mize  
(Name of Person)

PHL Net Branch Division LLC  
(Firm/Company)

10912 N. 56<sup>th</sup> St  
(Address)

Temple Terrace, FL 33617-3004  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Mize at ( 813 ) 615-2500  
(Name of Person) (Area Code & Daytime Telephone Number)

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OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
OF FLORIDA

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Enclosed is a check for the following amount:

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

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

PHL Net Branch Division, LLC

A LIMITED LIABILITY COMPANY

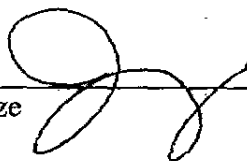
(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is PHL Net Branch Division, LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:  
  
18101 Highwoods Preserve Pkwy Suite 110, Tampa, FL 33647
4. **Mailing Address.** The mailing address of the limited liability company is:  
  
10912 N 56th Street, Temple Terrace, FL 33617-3004
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

Jason Mize  
17518 Preserve Walk Lane  
Tampa, FL 33647

*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.*

Jason Mize



2-6-06

7. **Effective Date.** The effective date of the limited liability company shall be the date of

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

filing unless otherwise stated below:

  
Jason Mize  
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA