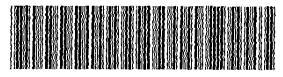
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Seguid Instructions to Filias Officer
Special Instructions to Filing Officer:
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J. BRYAN MAR 2.4 2006

COVER LETTER

TO: Registration S Division of Co			-
SUBJECT:	Line	etel LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	No.	oel Brown	
	(Name of Person)	10 書
	NTE	Services LLC	表 2
		(Firm/Company)	SÉE. PA
	1672	Waldorf Drive	MAR 21 PH 2: COMOA
		(Address)	NO A
	North	Port, FL. 34288	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Noel	Brown	at (941) 429-05	06 .
(Nam	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check f	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLE I - Name:		pany" or their abbreviation "LLC," or "L.C.,"
The name of the Limited Lia	bility Company is:	
		300
	Linetel LLC	
(Must end with the words "Limited L	iability Company, "Limited Com	pany" or their abbreviation "LLC," or "L.C.,"
ARTICLE II - Address:		All the second s
	et address of the princip	al office of the Limited Liability Company i
Principal Office Address:	Ma	iling Address:
19046 Bruce B. Downs Bivd #	72 190	46 Bruce B. Downs Bivd #72
Tampa, FL. 33647	Tan	npa, FL. 33647
ARTICLE III - Registered (The Limited Liability Company cam business entity with an active Florid The name and the Florida st	ot serve as its own Registered A a registration.)	ce, & Registered Agent's Signature: gent. You must designate an individual or another exed agent are:
(The Limited Liability Company cam business entity with an active Florid	not serve as its own Registered A a registration.) reet address of the registe Michael Krol	gent. You must designate an individual or another
(The Limited Liability Company cam business entity with an active Florid	not serve as its own Registered A a registration.) reet address of the registe	gent. You must designate an individual or another
(The Limited Liability Company cambusiness entity with an active Florida The name and the Florida st	not serve as its own Registered A registration.) rect address of the register Michael Krol Name	gent. You must designate an individual or another cred agent are:
(The Limited Liability Company cambusiness entity with an active Florid The name and the Florida st	not serve as its own Registered A registration.) rect address of the register Michael Krol Name	gent. You must designate an individual or another ered agent are:
(The Limited Liability Company cambusiness entity with an active Florida The name and the Florida st	not serve as its own Registered A registration.) reet address of the registered Michael Krol Name 46 Bruce B. Downs E Florida street address (I Tampa FL	gent. You must designate an individual or another ered agent are: SIVO #72 P.O. Box NOT acceptable) 33647
(The Limited Liability Company cambusiness entity with an active Florid The name and the Florida st	ot serve as its own Registered A registration.) rect address of the register Michael Krol Name 46 Bruce B. Downs E Florida street address (1)	gent. You must designate an individual or another ered agent are: SIVO #72 P.O. Box NOT acceptable) 33647
The Limited Liability Company cambusiness entity with an active Florid The name and the Florida st 190 Having been named as registiability company at the pregistered agent and agree a statutes relating to the pro	mot serve as its own Registered A registration.) reet address of the registered Michael Krol Name 46 Bruce B. Downs E Florida street address (I Tampa FL City, State, and Zigustered agent and to acceptalace designated in this cetto act in this capacity. If it per and complete perform	gent. You must designate an individual or another ered agent are: SIVO #72 P.O. Box NOT acceptable) 33647

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: <u>Title:</u> Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Monika Krol 10132 Deercliff Drive Tampa, FL. 33647 MGRM Michael Krol 10132 Deercliff Drive Tampa, FL. 33647 **MGRM** Krzysztof Sokolowski Koncertowa 9/70 20-843 Lublin Poland (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: .(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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.) Michael Krol Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 5.00 Certificate of Status (Optional)