

L06000037050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

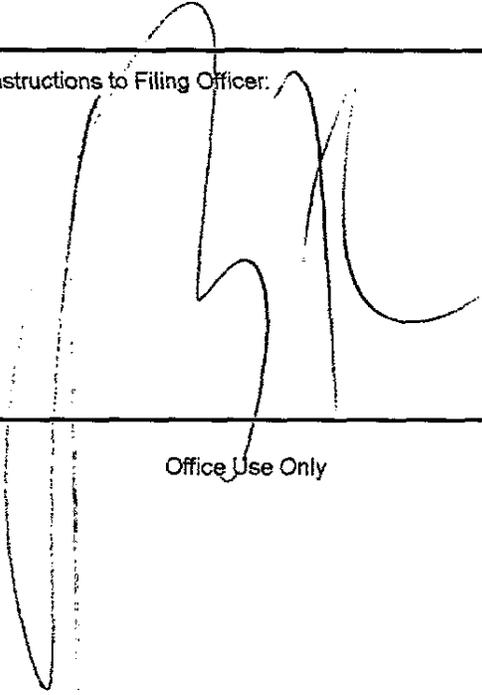
PICK-UP     WAIT     MAIL

(Business Entity Name)

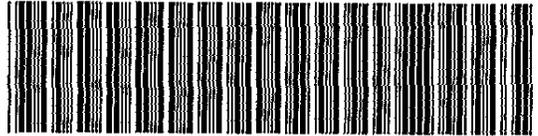
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2006 APR 10 PM 2: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06 APR 10 AM 11: 22

DIVISION OF CORPORATION

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE .  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH  
DATE: 04/10/2006  
REF. #: 000174.50470  
CORP. NAME: ATN ASSOCIATES, L.L.C.

2006 APR 10 PM 2:57  
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TALLAHASSEE, FLORIDA  
FILED

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 1138 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

# ARTICLES OF ORGANIZATION

ATN ASSOCIATES, L.L.C.,  
a Florida limited liability company

2006 APR 10 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

ATN ASSOCIATES, L.L.C.

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

1088 Mallard Marsh Drive  
Osprey, FL 34229

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Andrew Neitlich  
1088 Mallard Marsh Drive  
Osprey, FL 34229

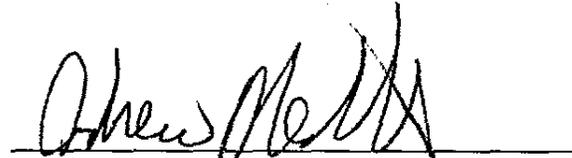
## ARTICLE IV MANAGEMENT AND POWERS

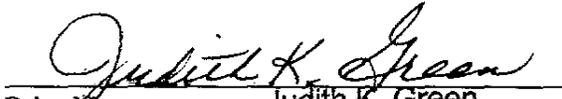
The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
7<sup>th</sup> day of April, 2006.

WITNESSES:

  
Print Name Elena Neitlich

  
Andrew Neitlich

  
Print Name Judith K. Green

“MANAGER”

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

ATN Associates, L.L.C.

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

Andrew Neitlich  
1088 Mallard Marsh Drive  
Osprey, FL 34229

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date:

April 7, 2006

  
\_\_\_\_\_  
Andrew Neitlich

“REGISTERED AGENT”