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10/23/06--01071--017 **160.00

COVER LETTER

TO:

Registration Section

Division of Corp	oorations		
SUBJECT. East Co.	ast Communications	, LLC	
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ndence concerning this matte	r to the following:	
Ruth Betand	court		
<u> </u>	C	Name of Person)	_
East Coast	Communications, L	LC	0
	(Firm/Company)	
8206 Night	ingale Road		7 2 7 2
		(Address)	
Weeki Wad	hee , Florida 346	13	06 OCT 23 PM 1.30 SECTE WALL OF STATE MILLIAN OF THORID
	(City.	State and Zip Code)	
English and information of			⊅'
FOR further information co	oncerning this matter, please	can:	
Ruth Betancourt		at (352) 596-688	7
(Name o	f Person)	(Area Code & Daytime To	elephone 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)	S160.00 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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

FILE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
East Coast Communications, LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	and and a contract of the first and the little of the second second second
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8206 Nightingale Road	Same
Weeki Wachee , Florida 34613	Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	Office, & Registered Agent's Signature:
business entity with an active Florida registration.)	red Agent. You must designate an individual or another
CO	-i
The name and the Florida street address of the re	gistered agent are:
Ruth Betancourt	DE 8
Name	
8206 Nightingale Road	
Florida street addr	ess (P.O. Box NOT acceptable)
Weeki Wachee.	EFFECTIVE DATE
City, State, ar	id Zip 10-80-06
	ccept service of process for the above stated limited
	is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all
_ ,	formance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Ruth Betancourt	
WOR	8206 Nightingale Road	
	Weeki Wachee, Florida 34613	
MGR	Samul Robles	
	2781 South West 37 th Ave.	
	Miami , Florida 33133	:
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(I Ise attachment if necessary)		Pri ,
(Use attachment if necessary)		P
•	the date of filing: October 30.2006 . (OPTIONAL)
ICLE V: Effective date, if other than teffective date is listed, the date must	the date of filing: October 30.2006 . (OPTIONAL)
ICLE V: Effective date, if other than teffective date is listed, the date must		OPTIONAL)
CLE V: Effective date, if other than teffective date is listed, the date must		OPTIONAL)
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.)		OPTIONAL)
ICLE V: Effective date, if other than t		OPTIONAL)
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.)		OPTIONAL)

Ruth Betancourt

Typed or printed name of signce

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

that the facts stated herein are true.)