104000105141

(Requestor's Name)				
(Address)				
(Ad	dress)	<u></u>		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



100080565321

10/27/06--01060--001 **160.00

2006 OCT 27 PH 12: 40
SECRETARY OF STATE
AND SEEL, FLORIDA

Lole-105/61

EFFECTIVE DATE

COVER LETTER

то:	Registration Se Division of Co						
SUBJ	ECT: BIMINI	INTERNET SERVICE	ES, LLC				
		(Name of Limited	d Liability Co	ompany)			
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for	filing.			
Please	return all corresp	ondence concerning this matte	r to the follo	wing:	4		
	DAVID M N	MEADOWS					
		(1	Name of Perso	n)			
	ASSURED	RECORD STORAG	βE				
		(Firm/Company	y)			
	510 DOUG	GLAS AVENUE, SU	JITE 100)1		TALI	2006 DCT 27
			(Address)			AET	OCT
	<u>ALTAMO</u>	NTE SPRINGS, FL	32714			ARY SSE	27
		(City	State and Zip	Code)		E.P.	PHI
For fu	ther information	concerning this matter, please	call:			ORIO:	PM 12: 40
DAV	ID M MEAD	ows	_{at (} 407) 333-421	6		
	(Name	of Person)	(Area	Code & Daytime T	elephone Numbe	er)	
Enclo	sed is a check fo	or the following amount:					
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified (00 Filing Fee & Copy copy is enclosed)	\$160.00 Certificate Certified C	of Statu: Copy	s &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi: Divis Clift 2661	et/Courier Address stration Section sion of Corporation on Building Executive Center thassee, FL 32301	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

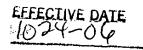
The name of the Limited Liability Company is:

	NET SERVICES, LLC		
Must end with the	words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II -	- Address:		
The mailing ad	dress and street address of the	principal office of the Limited Liability Company is:	
Principal Offi	ce Address:	Mailing Address:	
101 GOLDEN MA	LAY PALM WAY	101 GOLDEN MALAY PALM WAY	
DAVENPORT, FL	33897	DAVENPORT, FL	
		TAS 28	
The Limited Liabil business entity wit	ity Company cannot serve as its own Re th an active Florida registration.) the Florida street address of the DAVID M MEADOWS	STATE LORID	
	Na	me ×	
	510 DOUGLAS AVENU	E, SUITE 1001	
	Florida street	address (P.O. Box NOT acceptable)	
	ALTAMONTE SPRINGS	FL 32714	
	City, Sta	te, and Zip	

Registered Agent's Signature (REQUIRED)

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..

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	DAVID M MEADOWS	
	510 DOUGLAS AVENUE, SUITE 1001	_
	ALTAMONTE SPRINGS, FL 32714	- -
		_
		-
		-
		-
		- -
		_
		-
	SEC	7006
(Use attachment if necessary)	AR E	8 1
ARTICLE V: Effective date, if other than the date	e of filing: 10/24/2006 . () . ()	ONAL)
(If an effective date is listed, the date must be spe	ecific and cannot be more than five bustigess	days prior
to or 90 days after the date of filing.)	, TF T-S:	
	TATI ORIII	7:12
REQUIRED SIGNATURE:	OH P	င်

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.)

DAVID MEADOWS

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)
\$ 5.00 Certificate of Status (Optional)