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SECRETARY OF PLAIN
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COVER LETTER

TO:	Registration Se Division of Co					
SUBJECT: Wimaxco LLC (Name of Limited Liability Company)						
The en	closed Articles o	f Organization and fee(s) are su	ubmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
	Clifton Sr	nallwood				
Clifton Smallwood (Name of Person)						
	Wimaxco	LLC				
(Firm/Company)						
11065 49th Street North						
(Address)						
	Royal pa	ılm Beach, Flori	da 33411			
(City/State and Zip Code)						
For fur	ther information	concerning this matter, please	call:			
Clifton Smallwood at (561-307-9324)						
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclo	sed is a check fo	or the following amount:				
□ \$12:	5.00 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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		



October 26, 2006

CLIFTON SMALLWOOD 11065 49TH STREET NORTH ROYAL PALM BEACH, FL 33411

SUBJECT: WIMAXCO

Ref. Number: W06000046996

We have received your document for WIMAXCO and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 806A00063649

Neysa Culligan Document Specialist

ARTICLES OF ORGANIZATION OF Wimaxco

ARTICLE I

NAME

The name of the limited liability company shall be: Wimaxco LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 11065 49th Street North, Royal Palm Beach, Florida 33411.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Clifton Smallwood, 11065 49th Street North, Royal Palm Beach, Florida 33411. Located in the County of Palm Beach.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Clifton Smallwood, 11065 49th Street North, Royal Palm Beach, Florida 33411 Judith Smallwood, 11065 49th Street North, Royal Palm Beach, Florida 33411

Clinton Smallwood, Organizer

11065 49th Street North, Royal Palm Beach, Florida 33411

561-317-1081

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Wimaxco LLC

The name and address of the registered agent and office is Clifton Smallwood, 11065 49th Street North, Royal Palm Beach, Florida 33411. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Alifton Smallwood

Date

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