## L07000016487

(Re	equestor's Name	<del></del>	
•	•		
(Ad	ldress)		
•	•		
(Ad	ldress)		
•	,		
(Cit	ty/State/Zip/Phon	ne #)	
·		·	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
•	J		
		Mala	
,		H113115 1	
		$\bigcup U$	

Office Use Only



300087563523

02/12/07--01011--019 \*\*125.60

07 FEB 12 PM 5: 01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CADICOMM Networking, LCC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JASON MALIE	
(Name of Person)	
Cable comm Networking, LCC	
Cable Comm Networking, LCC (Firm/Company)  UOUL 5-1 52 no Taccose	
4041 SW 82 no Terrace	
1 aug El 33328	
DAVIE, FL 33328 (City/State and Zip Code)	
For further information concerning this matter, please call:	
TASON DAV IS  (Name of Person)  at (954) 382-08/2  (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status    \$155.00 Filing Fee Certificate of Status   \$155.00 Filing Fee Certificate of Status   \$160.00 Filing Fee Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	
	0
The name and the Florida at 11 Cu	
The name and the Florida street address of the registered agent are:	
Jason C. Davis	
4041 SW 82 <sup>nd</sup> Terrace	
Davie, FL 33328	
Having been named as registered agent and to accept services of process for the above stated limited liability company at the place designated in this certificate, I hereby accept this 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 as provided for in Chapter 608, F.S	
Registered Agent Signature	

SECRETARY OF STATE OR PORTATION OF CORPORATION OF CORPORATION OF FEB 12 PH 5: 08

## Article IV - Manager(s) or Managing Member(s):

Title	Name and Address	Percent
MGRM	Jason C. Davis	100%
	4041 SW 82 <sup>nd</sup> Terrace	Y
	Davie, FL, 33328	

## Article V - Indemnification

The members of the limited liability company shall have no liability for any debt, obligation, or liability of the company.

Signature of Member

(In accordance with Section 608.408(3), Florida Statues, the execution of this document constitutes affirmation under the penalties of perjury that the faces stated herein are true.)

Jason C. Davis