Division of Corporations Public Access System

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To:

Division of Corporations

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Account Name : GERALD WEINBERG, P.C.

Account Number: 120030000043 Phone

: (800)342-9856

Fax Number

: (800)354-3381

FLORIDA/FOREIGN LIMITED LIABILITY CO.

AMERITEL OF WEST OAKS LIMITED LIABILITY COMPANY

Certificate of Status	T 0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	*
AMERITEL OF WEST DAKE LIN	-11.11. Can
(Must end with the words "Limited Liebility Company, "Limited Compa	MITED Grability Company
the same of the sa	is as their generalization through on fraction to
ARTICLE II - Address:	
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address: Mali	ua Address:
AMERITEL OF WEST OAKS LLC #244 AR	CECITEL OF WEST DAKS LLC #24
······································	I WEST Colonial Device
	nee FL 34761
ARTICLE III - Registered Agent, Registered Office	& Registered Agent's Signature:
(The Limited Liability Company cannot sorve as its own Registered Ages business emity with an active Florida registration.)	t. You must designate an individual or another
	. ≥£6 9
The name and the Florida street address of the registere	ad agent are:
Nathan Yanovii	7.A B B T
Name	
011111111111111111111111111111111111111	I Dave UnT#249 = =
9401 WEST Colonie	<u> </u>
Florida street address (P.C	- To
	34761 SER 8
City, State, and Zip	

Having been named as registered agent and 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 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's Signature (REQUIRED)

(CONTINUED)

CHO 70000 497863).

(HO10000 497863) P. 3/3

<u>Title:</u> "MGR" ≃ Manager "MGRM" = Managing Member	Name and Address:
MGR	Norhan Yangvitch 9401 West Colonial Drive Unit #24 Ocnes FL 34761
~	
(Use attachment if necessary) ICLE V: Effective date, if other than effective date is listed, the date mus 90 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) it be specific and cannot be more than five business days pri
(In secondance wit	mber of all authorized representative of a member. A section 608.408(3), Florida Statutes, the execution opatitutes an affirmation under the panalties of perjury and herein are true.