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COVER LETTER

TO: Registration Sec Division of Cor			
SURJECT: Zone Co	abling Solutions ,LLC		
		Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	sbmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
C. Hagan F	reeman		
	C	Name of Person)	
Zone Cablir	ng Solutions ,LLC		
	(I	Firm/Company)	
7491 N. Fe	ederal Hwy C-5#2	22	
		(Address)	
Boca Rato	n, FL 33487		
	(City/	State and Zip Code)	
For further information of	concerning this matter, please	cali:	
C. Hagan Freema	an	at (954) 494-740 (Area Code & Daytime T	0
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	or the following amount:		
\$125.00 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	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Zone Cabling Solutions ,LLC		
(Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,"))
ARTICLE II - Address:		
	of the principal office of the Limited Liability Co	ompany is:
-		
Principal Office Address:	Mailing Address:	
7491 N. Federal Hwy C-5 # 222	7491 N. Federal Hwy C-5 # 222	
Boca Raton, FL 33487	Boca Raton, FL 33487	_
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or anot of the registered agent are:	S 9
business entity with an active Florida registration.)	of the registered agent are:	FIL 07 APR 19 SECKET AK
business entity with an active Florida registration.) The name and the Florida street address	TĂL	FIL 07 APR 19 SECKETAR
business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are: Name Name	FILEC O7 APR 19 PI SECKETARY W
business entity with an active Florida registration.) The name and the Florida street address C. Hagan Freeman 7200 NW 2nd Ave 5	of the registered agent are: Name Name	FILEC O7 APR 19 PI SECKETARY W
business entity with an active Florida registration.) The name and the Florida street address C. Hagan Freeman 7200 NW 2nd Ave 5	Name # 115 Street address (P.O. Box NOT acceptable)	FIL 07 APR 19 SECKET AK
business entity with an active Florida registration.) The name and the Florida street address C. Hagan Freeman 7200 NW 2nd Ave Florida Boca Raton, FL 33487	Name # 115 street address (P.O. Box NOT acceptable)	FILEC O7 APR 19 PI SECKETARY W

Registered Agent's Signature (REQUIRED)

(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" = Mana		Name and Address:	·
"MGRM" = Ma MGRM	naging Member	C. Hagan Freeman	
INCITIVI		7200 NW 2nd Ave # 115	
		Boca Raton, FL 33487	
		,	

	,		## ***********************************
	date, if other than the	e date of filing: 04/18/07 . (
LE V: Effective	e date, if other than the isted, the date must h	e date of filing: 04/18/07 . (be specific and cannot be more than five bu	
LE V: Effective	e date, if other than the isted, the date must had the distance of filing.)		
LE V: Effective ffective date is li days after the d	e date, if other than the isted, the date must had the distance of filing.)		siness days
LE V: Effective ffective date is li days after the d	e date, if other than the isted, the date must hate of filing.) IGNATURE:	be specific and cannot be more than five bu	siness days
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LE V: Effective ffective date is li days after the d	c date, if other than the isted, the date must had ate of filing.) IGNATURE: Signature of a memb	per or an authorized representative of a member.	siness days
LE V: Effective ffective date is li days after the d	e date, if other than the isted, the date must he late of filing.) IGNATURE: Signature of a memb (In accordance with so of this document cons	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	siness days
LE V: Effective ffective date is li days after the d	c date, if other than the isted, the date must had ate of filing.) IGNATURE: Signature of a memb	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	SECRETANT TALLAHASSE

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)