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(Re	equestor's Name)	
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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ	FCT. Gerardi Communication	ns, LLC				
SUBJ	LC1.	nited Liability Compa	my)			
The er	nclosed Articles of Organization and fee(s) a	e submitted for filing).			
Please	return all correspondence concerning this m	atter to the following	:			
	Gerald Bruno Gerardi					
		(Name of Person)				
	Gerardi Communications,	LLC				
		(Firm/Company)		∵ ₹	0	
	2513 Blue Bell Pl			SECR	17 SE	T
		(Address)		HAS	P 25	2.00041 141941
	Tallahassee, FL 32308			RY D SEE		- F
		City/State and Zip Code	:)	FL(
For fu	rther information concerning this matter, plea	ase call:		ORIDA	12:00	-ALEC
Ger	ald B. Gerardi	at (850	942-0646	3	_	
	(Name of Person)	(Area Cod	e & Daytime Tele	phone Number)	-	
Enclo	sed is a check for the following amount:					
□ \$125	0.00 Filing Fee & Certificate of Status	\$155,00 Filin Certified Co (additional cop	рy	\$160,00 Filing I Certificate of St Certified Copy (additional copy is	atus &	
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FE 32314	Registrati s Division Clifton E 2661 Exc	ourier Address ion Section of Corporations suilding centive Center C see, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Gerardi Communications, LLC			
(Must end with the words "Limited Liabifi	ty Company, "L.L.C.," or "LLC."	')	
ARTICLE II - Address:			
The mailing address and street address of the pri	incipal office of the Limit	ed Liability Company is:	
Principal Office Address:	Mailing Address:		
2315 Blue Bell Place			
Tallahassee, FL 32308		· · · ·	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)			
The name and the Florida street address of the re	egistered agent are:	7 SEP 25 7 SEP 14R ECRETAR LLAHASS	E
Gerald B. Gerardi		P 2	E KEZ
Name		SECTION 1	

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.

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

City, State, and Zip

2315 Blue Bell Place

Tallahassee, FL 32308

EFFECTIVE DATE 918-07

(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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Gerald B. Gerardi
	2513 Blue Bell Pl
	Tallahassee, FL 32308
	
•	
	
•	
(Has attachment if nagagaan)	
(Use attachment if necessary)	
LE V: Effective date if other than:	the date of filing: September 18, 2007. (OPTIONA
	t be specific and cannot be more than five business day
days after the date of filing.)	•
·	
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member of a member of an authorized representative of a member of this document constitutes an affirmation under the penalties of perjuty of that the facts stated herein are true.)

Gerald B. Gerardi

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)