

11/15/2007

PM -0300 RECEIVED BY RCAFAX

PAGE 1 OF 3

Division of Corporations

Page 1 of 1

107000115404

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000280253 3)))



H070002802533ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Call Paul, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

07 NOV 15 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 NOV 15 AM 8:25

FILED

*Handwritten signature*

Electronic Filing Menu

Corporate Filing Menu

Help

H07000280253

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Call Paul, L.L.C.**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

947 Days Lane

947 Days Lane

N. Fort Myers, FL 33917

N. Fort Myers, FL 33917

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Paul Osborne

Name

947 Days Lane

(P.O. Box or Mail Drop Box NOT Acceptable)

N. Fort Myers, FL 33917

(City / State / Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 NOV 15 AM 8:25

FILED

*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.*

Paul E Osborne

Registered Agent's Signature - Paul Osborne

ARTICLE IV - Manager(s) or Managing Member(s):

H07000280253

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Paul Osborne- 947 Days Lane, N. Fort Myers, FL 33917

(Use attachment if necessary)

REQUIRED SIGNATURE:

Paul E Osborne

Signature of a member or authorized representative of a member.

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

Paul Osborne

Typed or printed name of signee

07 NOV 15 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED