LD7000/18072

(Requestor's Name)					
. (Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
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SECRETARY OF STATE
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COVER LETTER

10:	Division of C					
SUBJECT: Ebnet Services LLC						
			ed Liability Comp	any)		
The en	closed Articles o	of Organization and fee(s) are	submitted for filin	g.		
Please	return all corres	pondence concerning this matt	er to the following	3:		
	Kenneth E	Morrison				
			(Name of Person)			
	Ebnet Se	rvices LLC				
	(Firm/Company)					
1426 Barn Owl Loop						
	(Address)					
Sanford, FL 32773						
		(Cit <u>y</u>	y/State and Zip Cod	e)		
For fu	ther information	concerning this matter, please	call:			
Kenneth E Morrison		at (407	574 3634			
	(Nam	e of Person)	(Area Cod	le & Daytime Telephone Number)		
Enclos	sed is a check f	or the following amount:	_			
 \$125	.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	✓\$155.00 Filin Certified Co (additional cop	py Certificate of Status &		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrate Division Clifton I	ourier Address tion Section of Corporations Building ecutive Center Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Ebnet Services LLC (Must end with the words "Limited Liabi	E. Camaran W. I. C. " or W. I. C. ")				
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
1426 Barn Owl Loop Sanford, FL 32773 USA ARTICLE III - Registered Agent, Registered (The Limited Liability Company connect serve as its own Registered)	1426 Barn Owl Loop Sanford FL 32773 USA USA Office, & Registered Agent's Signature:				
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:					
Kenneth E Morrison	TECRET TO THE TE				
1426 Barn Owl Loop					
Sanford, FL 32773 City, State,	FL FL				
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and				

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Kenneth E. Morrison 1426 Barn Owl Loop Manager Sanford, FL 32773 **USA** (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an 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.)

Kenneth E Morrison

Typed or printed name of signee

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)