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SECRETARY OF STATE

T. CLINE FEB - 7 2008

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: CABLELINK NETWORK SOLUTIONS LLC. (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JEFFREY DANIEL PRZYBYLO (Name of Person)	
CABLELINK NETWORK SOLUTIONS LLC. (Firm/Company)	
162 LAKE SHORE DRIVE WEST (Address)	
PALM HARBOR FIORIDA 34684 (City/State and Zip Code)	
For further information concerning this matter, please call:	
JEFFREY DANIEL PRZYBYLGat (727) 421-1506 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	an tentral
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{Certified Copy}	The state of the s
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
CABLELINK NETWORK SOLUTIONS LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
CABLELINK NETWORK SOLUTIONS LIC. CABLELINK NETWORK SOLUTIONS LIC. 162 LAKE SHORE DRIVE WEST PALMHARBOR, FICRIDA 34684 PALMHARBOR, FICRIDA 34684
ARTICLE III - Registered Agent, Registered 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:
JEFFREY DANIEL PRZYBYLO Name
Florida street address (P.O. Box NOT acceptable)
PALM HARBOR FL 34684 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

(CONTINUED)
Page 1 of 2

Mroy Samuel Porse
Regulation (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	JEFFREY DANIEL PRZYBYLO 162 LAKE SHORE DRIVE WEST PALM HARBOR, FLORIDA 34684
(Use attachment if necessary) CLE V: Effective date, if other than the	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days particles and cannot be more than five business days particles. TALLAHASSE TARY
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with se	e specific and cannot be more than five business days SECRETARY SECRETA
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: (In accordance with se of this document const that the facts stated in the facts stated	e specific and cannot be more than five business days A C C C
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: (In accordance with se of this document const that the facts stated in the facts stated	e specific and cannot be more than five business days ALLAHASSETARY PHOTO PROPERTY OF STATE
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: (In accordance with se of this document const that the facts stated in the facts stated	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution ditutes an affirmation under the penalties of perjury therein are true.) ANIEL PRZYBY DAY DO 476960 Commission Expires 09-20-2009 Commission Expires 09-20-2009 Commission Expires 09-20-2009 Commission Expires 09-20-2009 Anization and Designation