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COVER LETTER

	tion Section of Corporations
SUBJECT: PH	HONE FINDER, LLC
	(Name of Limited Liability Company)
The enclosed Arti	cles of Organization and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
MICH	AEL E. SCHIESS
	(Name of Person)
PHO	NE FINDER, LLC
	(Firm/Company) $\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_$
1700	N. DIXIE HWY., #128 \(\frac{\frac{1}{2}}{2}\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac
	(Address) (Address) (Address)
BOC	A RATON, FL 33432
•	(City/State and Zip Code)
For further inform	nation concerning this matter, please call:
MICHAEL	E. SCHIESS at (561) 716-7233
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a ch	eck for the following amount:
\$125.00 Filing	Fee \$\sumset\$\$\$\$\$130.00 Filing Fee & \$\sumset\$
·	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:		
PHONE FINDER, 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 Limi	ted Liability	Company is:
Principal Office Address: Mailing Address:		
1700 N. DIXIE HWY., #128		- <u></u>
BOCA RATON, FL 33432		
ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Agent. You must designate a business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:	SECI	7099
MICHAEL E. SCHIESS	SECRETARY LLAHASSEE	
1700 N DIVIE HMV #129	KEE, 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) SBOCA RATON, FL_F33432

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MICHAEL E. SCHIESS MGRM 1700 N. DIXIE HWY., #128 BOCA RATON, FL 33432 STEPHEN, BALDWIN Member 6129 VIA VENETIA SOUTH DELRAY BEACH, FL 33484 (Use attachment if necessary) (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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:**

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

<u>MICHAEL E. SCHIESS</u>

that the facts stated herein are true.)

Typed or printed name of signee

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

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)