

L08000082696

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.

(((H08000204899 3)))



H080002048993ABC7

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 : (950) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
08 AUG 29 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

nettex, l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
08 AUG 29 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu
T. HAMPTON

Help

SEP - 2 2008

EXAMINER

H08000204899

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NETTEX, 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:

1776 N. Pine Island Rd
Suite 204
Plantation FL 33322

Mailing Address:

1776 N. Pine Island Rd
Suite 204
Plantation FL 33322

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

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

Harold Wassman
Name
1776 N. Pine Island Rd #204
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33322
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 the position of registered agent as provided for in Chapter 208, F.S.


Registered Agent's Signature

FILED
08 AUG 29 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 2

H08000204899

H08000204899

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

TYPE:
"MGR" = Manager
"MORM" = Managing Member

Name and Address:

MGR

Andrew Cochran
1776 N. W. 11th St.
Plantation, FL 33322

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Andrew Cochran
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.)

Andrew Cochran
Typed or printed name of signor

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)

FILED
08 AUG 29 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H080000004899