1208000090363

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filip Officer
Special Instructions to Filing Officer:
A. LUNT ubi'
Special Instructions to Filing Officer: A. LUNT SEP 2 3 2008 EXAMINATION
The state of the s
EXAMINER

Office Use Only



700134943427

09/02/08--01045--010 **160.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2008

ERIK SMITH 7200 RAPID RIVER DR. JACKSONVILLE, FL 32219

SUBJECT: WIRELESS CONNECTION, LLC

Ref. Number: W08000040894



We have received your document for WIRELESS CONNECTION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 808A00048514

COVER LETTER

, 'TO: Registration S Division of Co				
_{SUBJECT:} Wirele	ss Connection, LL	С		
SUBJECT:	, , . , ,	ed Liability Compa	uny)	<u>, , ,</u>
The enclosed Articles o	f Organization and fee(s) are	submitted for filing	g.	
Please return all corresp	ondence concerning this matt	er to the following	; :	
		Erik Smith		
<u> </u>		(Name of Person)		
	The Wirele	ess Connec	tion	1000
		(Firm/Company)		SET SET
	7200 F	Rapid River	Dr.	TAR HASS
		(Address)		FG D
	Jackso	nville, FL 3	2219	ESTA ESTA IS: 1
	(Cit	y/State and Zip Code	e)	DIT E
For further information	concerning this matter, please	e call:		,
Erik Smith		at (904	305-516	6
(Name	of Person)	(Area Cod	e & Daytime Tel	ephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filin Certified Co (additional cop)	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourter Address ion Section of Corporation Building ecutive Center (see, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7200 Rapid River Dr. Sacksonville, FC 32219	7200 Rapid River Dr. Sacksonville, R. 32219
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or emother
The name and the Florida street address of the Erik Sm. 7 Name	
	dress (P.O. Box <u>NOT</u> acceptable)
Sacksonville City, State,	<u>FL 32219</u> 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Erik Smith 7200 Rapid River Dr. Sacksonville, FC 32C19
	ECRETARY ELLAHASSEE
(Use attachment if necessary)	FELOR
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing:
REQUIRED SIGNATURE:	
	er or an authorized representative of a member.
Signature of a member (In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)