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09/25/08--01001--007 **160.00

EFFECTIVE DATE

9/22/08

B. KOHR

SEP 24 2008

EXAMINER

RECEIVED
08 SEP 24 PM 3:31
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
SECRETARY OF STATE

FILED
08 SEP 24 PM 4:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Communication Solutions Unlimited, 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:

Albert C. Penson

(Name of Person)

Penson & Davis, P.A.

(Firm/Company)

2810 Remington Green Circle

(Address)

Tallahassee, Florida 32308

(City/State and Zip Code)

EFFECTIVE DATE 9/24/08

For further information concerning this matter, please call:

Connie H. Shivers, CP

(Name of Person)

at (**850**) **561-8000**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
08 SEP 24 PM 4:15
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 9/22/08

ARTICLES OF ORGANIZATION
COMMUNICATION SOLUTIONS UNLIMITED, LLC
A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

FILED
08 SEP 24 PM 4:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. **Name.** The name of the limited liability company is:

COMMUNICATION SOLUTIONS UNLIMITED, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

107 E. Tharpe Street
Tallahassee, Florida 32303

4. **Mailing Address.** The mailing address of the limited liability company is:

107 E. Tharpe Street
Tallahassee, Florida 32303

5. **Members at Time of Formation.** The name of each member at the time of formation:

CHARLES R. MIMS
Member
107 E. Tharpe Street
Tallahassee, Florida 32303

RICHARD L. WILCOX
Member
107 E. Tharpe Street
Tallahassee, Florida 32303

R. SCOTT AVERY
Member
107 E. Tharpe Street
Tallahassee, Florida 32303

MICHELE SHAPLEY
Member
107 E. Tharpe Street
Tallahassee, Florida 32303

6. **Period of Duration.** The period of duration shall be perpetual.

7. **Management.** Management of the Limited Liability Company at the time of formation is

reserved for the member(s) who may appoint a manager.

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

Albert C. Penson
2810 Remington Green Circle
Tallahassee, Florida 32308

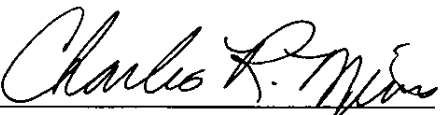
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisional of all 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.



Albert C. Penson

9. **Effective Date.** The effective date of the limited liability company shall be:

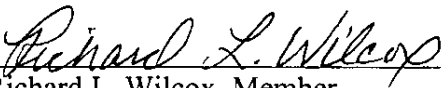
September 22nd, 2008



Charles R. Mims, Manager & Member



R. Scott Avery, Member



Richard L. Wilcox, Member



Michele Shapley, Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)