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STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR - 6 2009

EXAMINER

March 27, 2009

Vance T. Shaman
501 S.E. 2nd Street, Apt. 1325
Fort Lauderdale, FL 33301
(954) 940-0533

Via U.S. First Class Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Wireless Mechanics, LLC.

To Whom It May Concern:

Enclosed please find the Articles of Organization for Wireless Mechanics, LLC to be filed in your usual filing matter along with the required filing fee.

Thank you for your assistance with this matter. If you have questions regarding the foregoing, please contact us.

Very truly yours,

Vance T. Shaman

Enclosure

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STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wireless Mechanics, 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:

Vance T. Shaman
(Name of Person)

(Firm/Company)

501 S.E. 2nd Street, Apt. 1325
(Address)

Fort Lauderdale, FL 33301
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Vance T. Shaman at (954) 940-0533
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wireless Mechanics, 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:

14120 Harpers Ferry St., Davie, FL 33:

Mailing Address:

14120 Harpers Ferry St., Davie, FL 3:

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:

Vance T. Shaman

Name

501 S.E. 2nd Street, Apt. 1325

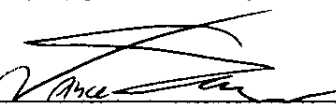
Florida street address (P.O. Box **NOT** acceptable)

Ft. Lauderdale, 33301

City, State, and Zip

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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

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Vance T. Shaman

501 S.E. 2nd Street, Apt. 1325

Ft. Lauderdale, FL 33301

MGRM

John Ingram

14120 Harpers Ferry St.

Davie, FL 33325

MGRM

Rose Starr

14120 Harpers Ferry St.


Davie, FL 33325

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.)

Vance T. Shaman

Typed or printed name of signee

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)