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09/11/09--01018--014 **160.00

effective date 9/11/09 FILED

SECRETARY OF STATE
SECRETARY OF STATE

N. Carlogen SEP 1 4 2009

COVER LETTER

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TO:	Registration So Division of Co						
SUBJECT: FERNPARK NETWORK SALES, LLC							
5055	Name of Limited Liability Company						
The en	closed Articles of	Organization and fee(s) are	submitted for filing.				
Please	return all correspo	ondence concerning this mat	ter to the following:				
		RICHA	ARD C. WILLIAMS				
			Name of Person				
	FERNPARK NETWORK SALES, LLC						
	Firm/Company						
	612 FELLOWSHIP DRIVE						
			Address				
	FERN PARK 32730						
City/State and Zip Code							
		rwill	iams5@cfl.rr.com				
		E-mail address: (to be used	for future annual report notification)				
For fu	ther information of	concerning this matter, pleas	e call:				
	RICHARD	C. WILLIAMS	_ at (407)	592-0920			
	Name o	of Person	Area Code & Daytime Te	lephone Number			
Enclo	sed is a check fo	r the following amount:					
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		Mailing Address Registration Section	Street/Courier Addres Registration Section	S			

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:						
The name of the Limited Liability Company is:							
	FERNPARK NETWOR	RK SALES. LLC					
	st end with the words "Limited Liabili		. <u>. </u>				
ARTICLE II - Ad	drace						
		incipal office of the Limited Liabilit	v Comp	anv i	is:		
1110 1110111111111111111111111111111111	o and but wad obs of the pri	morpus of the Billion Black	,,				
Principal Office A	ddress:	Mailing Address:					
	WORK SALES, LLC	FERNPARK NETWORK SALE	S, LLC				
612 FELLOWSHI		612 FELLOWSHIP DRIVE					
FERN PARK, FL	32730	FERN PARK, FL 32730					
(The Limited Liability Co	egistered Agent, Registered ompany cannot serve as its own Registrative Florida registration.)	Office, & Registered Agent's Signered Agent. You must designate an individual of	sanother .	S 60			
The name and the F	Florida street address of the re	egistered agent are:	AHA:	명	=		
	RICHARD C. WILLIAMS						
Name				*	[11]		
	612 FELLOWS	HIP DRIVE	STA	10:37	ָ ע		
	Florida street address (P.O.	Box NOT acceptable)		-4			
	FERN PARK, FL 32730	FL			٠		
	City, State, an	ıd 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

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

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

Title:		Name and Address:		
"MGR" = Mana "MGRM" = Ma				
MGRM		RICHARD C. WILLIAMS		
		612 FELLOWSHIP DRIVE		
		FERN PARK, FL 32730		
MGR		JANE L. WILLIAMS		
		612 FELLOWSHIP DRIVE		
		FERN PARK, FL 32730		
				
				
(Use attachment	• •	date of filing: 9/11/2009 . (OPTIONAL)	
f an effective date is li	sted, the date must be	e specific and cannot be more than five bu	isiness days prior	
o or 90 days after the d	ate of filing.)			
REQUIRED ST	GNATURE:			
			₽o e	
	Signature of a membe	r or an authorized representative of a member.	LEGS T	
	(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.)			
	RI	CHARD C. WILLIAMS	AND:	
	Tyl	Typed or printed name of signee		
Filing Fees	<u>i:</u>		5 7	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)