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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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SEP 22 2009

EXAMINER



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09/21/09--01019--014 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 SEP 21 PM 2:13

JAMES A. WILSON

734 19th Av. No. Saint Petersburg, FL 33704 | 727-743-7955 | avanti@tampabay.rr.com

Friday, September 18, 2009

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

Dear Florida Department of State:

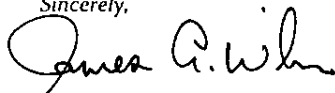
I'm enclosing the forms for filing Articles of Organization for the company YUNi-Fi Wireless, LLC..

I'm also enclosing:

- A check for the sum of \$160.00 for the Filing Fee, Certificate of Status and a Certified Copy.

If you have questions, please call me at 727-743-7955. I look forward to hearing from you soon.

Sincerely,

A handwritten signature in black ink that reads "James A. Wilson". The signature is written in a cursive, flowing style.

James A. Wilson

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YUNi-Fi Wireless, 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:

James A. Wilson

Name of Person

YUNi-Fi Wireless, LLC.

Firm/Company

734 19th Avenue North

Address

Saint Petersburg/FL/33704

City/State and Zip Code

avanti@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James A. Wilson

Name of Person

at (**727**)

743-7955

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:

YUNi-Fi Wireless, 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:

734 19th Av No
Saint Petersburg, FL 33704

Mailing Address:

734 19th Av No
Saint Petersburg, FL 33704

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:

James A. Wilson

Name

734 19th Avenue North

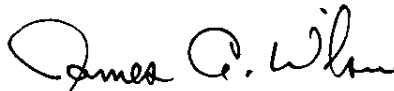
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg, FL 33704 FL

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 21 PM 2:13

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)

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:

MGMR

James A. Wilson

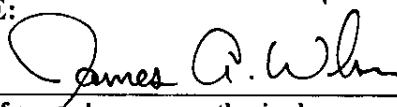
734 19th Avenue North

Saint Petersburg, FL 33704

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 30, 2009 . (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.)

James A. Wilson

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)