

L10000003591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

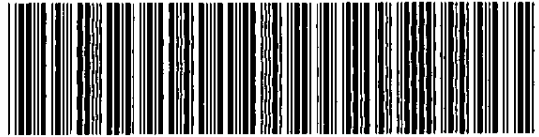
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/11/10--01039--019 **125.00

EFFECTIVE DATE

1/8/10

FILED
10 JAN 11 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Orlan

JAN 12 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BW2 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:

David Waich

Name of Person

Bw Wireless

Firm/Company

645 NE 167th St

Address

North Miami Beach, FL 33162

City/State and Zip Code



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BW2 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:

645 NE 167th St
North Miami Beach, FL 33162

Mailing Address:

645 NE 167th St
North Miami Beach, FL 33162

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:

BW Wireless LLC

Name

645 NE 167th St

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

North Miami Beach FL 33162

City, State, and Zip

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10 JAN 11 PM 2:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

David Waich

645 NE 167th St

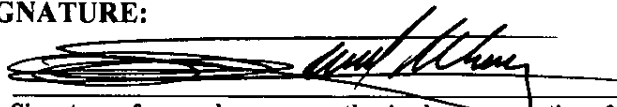
North Miami Beach, FL 33162

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/08/2009 (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.)

David Waich

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)

FILED
10 JAN 11 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA