L1000034569

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(1.5	a. 000)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
	····· , · · · · · · · · · · · · · · · · · · ·	,
(100	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer	
opolia, monachemo to i	ming Cinicol.	
•		
<u> </u>		

Office Use Only



300172932493

03/29/10--01037--011 **125.00

415/10

10 MAR 29 PM 3: 22 SECRETARY OF STATE

N. Cuttigges MAR 3 0 2010

COVER LETTER

TO: Registration Division of C			
SURJECT: 6/0	bal Communicati	ions - Miami, L	40
	Name of Limit	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Phillip	o L. Freeman	Name of Person	
Global	Communication	6 - Miami, LLC	
		Firm/Company	
401 11	interstate Boul	levard	
		Address	
Sara.	sota, FL 34	240	
	Cit	ty/State and Zip Code	
phi	1eglobalmian	for future annual report notification)	
,	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Phillip L.	Freeman	at (941) 556. Area Code & Daytime Tele	4150
Name	of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check t	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	Street/Courier Address Registration Section	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	CI	Æ.	I _	No	me	,
\boldsymbol{a}	. 1 🖊 1		412	• -	1 7 2		۲.

The name of the Limited Liability Company is:

401 Interstate Bonlevard

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

401 Interstate Boulevard

Saraso ta, i	= 34240	<u>Sa</u>	raso ta, FL	34240		
(The Limited Liability Cor	gistered Agent, Register mpany cannot serve as its own Re ctive Florida registration.)				ther	
The name and the F	lorida street address of th	e registere	d agent are:	LAH CKE	~ ★	
Phillip L. Freeman					MAR 29	<u> </u>
Name 401 Interstate Boulevard				<	Lu	
			二 (1)	유 유 3:	0	
•	Florida street address (P.O. Box NOT acceptable)		FLORIDI	1 22 1 ATF		
	Saraco ta,	FL	34240	D. A.	<u>т</u> і 10	
-	City,	State, and Z	iip	_		

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" = Manager "MGRM" = Managing Member Freeman Diversified, Inc. MGRM 1820 Brookhaven Drive Sarasota, FL 34239 MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 4/5/10 . (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.

Filing Fees:

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

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury