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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | , #) |
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| PICK-UP | WAIT | MAIL |
| ·/ (Bu | siness Entity Nan | 26) |
| , (50 | Siliess Elitity Naii | 16) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

G. MCLEOD

JUL 12 2010

EXAMINER



700182988707

07/02/10--01025--006 **30.00

07/09/10--01028--019 **100.00

10 JUL -9 PM 3:57
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

To whom it may concern:

I am writing to request an update of my FEIN. My old FEIN is: 27-1722607. I changed from sole proprietor to an LLC which changed my FEIN. My new FEIN is: 90-0590282. I made a copy of the changed FEIN and enclosed it with the Division of Corporations Amendment with changes. In advance, thanks.

.. Mitchell Jr.

7-1-10

· COVER LETTER

| TO: | Registration S Division of Co | | | |
|----------------|----------------------------------|---|--|--|
| | | | | |
| SUBJ | ECT: BAYSID | E WIRELESS LLC | | |
| | | Name of Limit | ed Liability Company | |
| The en | closed Articles o | f Organization and fee(s) are | submitted for filing. | |
| Please | return all corresp | ondence concerning this matt | ter to the following: | |
| | CALVIN L. M | ITCHELL | | |
| | | | Name of Person | |
| | BAYSIDE WI | RELESS LLC | | |
| | | | Firm/Company | |
| | 8612 PENSA | COLA BLVD | | |
| | | | Address . | |
| | PENSACOLA | , FL 32534 | | \ |
| | | Cit | y/State and Zip Code | |
| | CALVINLAVI | N@GMAIL.COM | | |
| | | E-mail address: (to be used f | or future annual report notification) | |
| For fu | ther information | concerning this matter, please | e call: | |
| CAL | IN L. MITCHE | ELL | at (850) 281-2592 | |
| | Name | of Person | Area Code & Daytime Telephon | e Number |
| Enclos | sed is a check fo | or the following amount: | | |
| □ \$125 | .00 Filing Fee | ■\$130.00 Filing Fee & Certificate of Status | Certified Copy Ce (additional copy is enclosed) | 60.00 Filing Fee, ertificate of Status & ertified Copy dditional 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 | e |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AVEIDE V | VIRELESS L.L.C. | | |
|--------------------------|---|--|---------------------|
| DAT SIDE V | | ted Liability Company, "L.L.C.," or "LLC.") | |
| | (| | |
| ARTICLE II The mailing a | | f the principal office of the Limited Lia | ability Company is: |
| | fice Address: | | • • • |
| | | | |
| 8612 PENSACOLA BLVD | | 8612 PENSACOLA BLVD | |
| PENSACOLA, FL | 32534 | PENSACOLA, FL 32534 | |
| The Limited Liab | | istered Office, & Registered Agent's wn Registered Agent. You must designate an individual of the control of th | |
| Γhe name and | the Florida street address of CALVIN L. MITCHE | ELL | FIL OUL -9 |
| The name and | the Florida street address of | - | JUL -9 |
| Γhe name and | the Florida street address of | Name | JUL -9 PM |
| Γhe name and | the Florida street address of CALVIN L. MITCHE 1713 DAUPHINE S | Name | JUL -9 PM |
| Γhe name and | the Florida street address of CALVIN L. MITCHE 1713 DAUPHINE S | LL Name ST | JUL -9 PM |
| Γhe name and | CALVIN L. MITCHE 1713 DAUPHINE S Florida st PENSCAOLA | Name ST treet address (P.O. Box <u>NOT</u> acceptable) | JUL -9 PM |

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 | ager anaging Member | |
| WORW WE | inaging ivienteer | |
| MGR | | CALVIN LAVIN MITCHELL |
| | | 1713 DAUPHINE ST. |
| | | PENSACOLA, FL 32534 |
| MGRM | | STEVEN ASHLEY LEE HARDING |
| | | 2109 JARROD DR |
| | | CANTONMENT, FL 32533 |
| | | G. W. O. H. M. C. V. J. T. B. E. B. S. |
| | | |
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| | | |
| | | |
| (Use attachmen | t if necessary) | |
| | isted, the date must b | e date of filing: JULY 1, 2010 . (OPTIONAL be specific and cannot be more than five business days |
| REQUIRED S | IGNATURE | _1_ |
| | Signature of a memb | êr or an authorized representative of a member. |
| | (In accordance with se | |

Filing Fees:

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

CALVIN LAVIN MITCHELL

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

Typed or printed name of signee

Department of the Treasury Internal Revenue Service Ogden, UT 84201

In reply refer to: 0457714918 Jul 01, 2010 LTR 147C 90-0590282

BAYSIDE WIRELESS LLC
CALVIN MITCHELL JR MBR
8612 PENSACOLA BLVD
PENSACOLA FL 32534

Taxpayer Identification Number: 90-0590282

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of July 1st, 2010.

Your Employer Identification Number (EIN) is 90-0590282. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Burry Mafer

Barry Shafer 94-01457 Customer Service Representative