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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

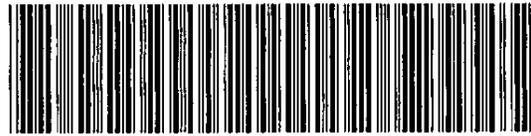
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
10 JUL 13 PM 4:33

EFFECTIVE DATE

7/6/2010

B. KOHR

JUL 14 2010

EXAMINER

FILED
STATE DEPT OF STATE
DIVISION OF CORPORATIONS
10 JUL 13 AM 11:11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTHEAST CELLULAR, LLC
Name of Limited Liability Company

FILED IN STATE
DIVISION OF CORPORATIONS
10 JUL 13 AM 11

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Connie H. Shivers, C.P.
Name of Person

Penson, P.A.
Firm/Company

EFFECTIVE DATE 7/6/2010

2810 Remington Green Circle
Address

Tallahassee, FL 32308
City/State and Zip Code

chs@pendd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Shivers at (850) 561-8000
Name of Person 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

EFFECTIVE DATE 7/6/2010

ARTICLES OF ORGANIZATION
SOUTHEAST CELLULAR, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL 13 AM 10:11

1. **Name.** The name of the limited liability company is:

SOUTHEAST CELLULAR, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

3213 Apalachee Parkway
Tallahassee, Florida 32311

4. **Mailing Address.** The mailing address of the limited liability company is:

3213 Apalachee Parkway
Tallahassee, Florida 32311

5. **Members at Time of Formation.** The name of each member at the time of formation:

Gary L. Van Ostrand
452 Shantilly Court
Tallahassee, Florida 32312

Cheryl B. Van Ostrand
452 Shantilly Court
Tallahassee, Florida 32312

George H. Harrison
3525 North Meridian Road
Tallahassee, Florida 32312

Joni Timmons Harrison
3525 North Meridian Road
Tallahassee, Florida 32312

6. **Period of Duration.** The period of duration shall be perpetual until it is dissolved or liquidated and its affairs wound up.

7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the managing member(s).

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

Albert C. Penson
2810 Remington Green Circle
Tallahassee, Florida 32308

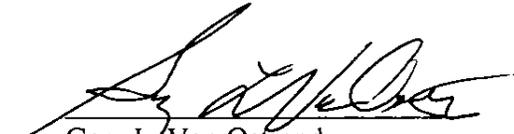
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



Albert C. Penson

9. **Effective Date.** The effective date of the limited liability company shall be:

July 6, 2010


Gary L. Van Ostrand

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)