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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

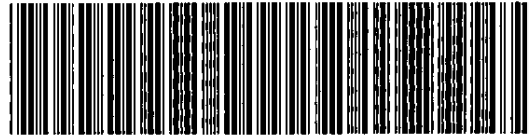
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Certificates of Status \_\_\_\_\_

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T. HAMPTON

JUL 15 2010

EXAMINER

**BROOKS C. MILLER P.A.**

*ATTORNEYS WITH A GLOBAL PERSPECTIVE®*

1690 WACHOVIA FINANCIAL CENTER

200 SOUTH BISCAYNE BOULEVARD

MIAMI, FLORIDA 33131

BROOKS C. MILLER

EMAIL: [BMILLER@BROOKSMILLER.COM](mailto:BMILLER@BROOKSMILLER.COM)

TELEPHONE: 305.372.0900

FACSIMILE: 305.372.0660

July 12, 2010

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Esoteric Networks, LLC  
Filing of Articles of Organization**

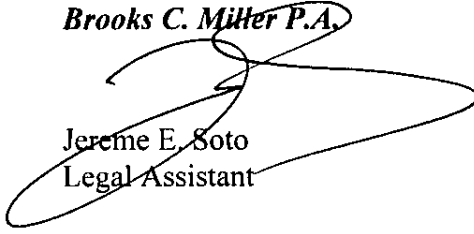
Dear Sir or Madam:

Enclosed please find the Articles of Organization for Esoteric Networks, LLC along with our check number 006045 in the amount of \$125.00 to be used as payment for the filing fee.

If you have any questions, please do not hesitate to contact us. Thank you for your kind attention to this matter.

Very truly yours,

***Brooks C. Miller P.A.***

  
Jereme E. Soto  
Legal Assistant

Enclosure

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Esoteric Networks, 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:

6610 SW 43rd Street

Miami, FL 33155

#### Mailing Address:

6610 SW 43rd Street

Miami, FL 33155

### 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:

Brooks C. Miller

Name

200 S. Biscayne Blvd., Suite 1690

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

Miami FL 33131

City, State, and Zip

*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)

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**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:**

MGRM

Bjorn Jensen

6610 SW 43rd Street

Miami, FL 33155

Member

Julina Jensen

6610 SW 43rd Street

Miami, FL 33155

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Bjorn Jensen

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)

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