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### **COVER LETTER**

TO:

CR2E062 (08/05)

Registration Section •

Division of	Corporations					
SUBJECT:	KONNECT RF, LLC					
	Name of l	imited Lia	bility Cor	npany		
Dear Sir or Madam:						
The enclosed Article	es of Correction and fee(s) are	submitted t	for filing.			
Please return all corr	respondence concerning this m	atter to the	following	g:		
	MARC I. SOLMON, ESC	Q		_		
	Name of Person					
N	MARC I. SOLOMON P.A	۹.				
	Firm/Company			-		
116	0 S. Rogers Circle, Sui	ite 2		_		
	Address					
В	oca Raton, Florida 334	87		_		
	City/State and Zip Code	_		_		
E-mail address	marc@solomonpa.com : (to be used for future annual	1 report noti	fication)	-		
For further informat	ion concerning this matter, ple	ase call:				
Ma	rc I. Solomon	at (	561	999-8960 de & Daytime Telephone Number		
Nε	me of Person		Area Co	de & Daytime Telephone Number		
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	for the following amount:					
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filin Certified		\$60 Filing Fee, Certificate of Status & Certified Copy		

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:  KONNECT RF, LLC		
<u>SECO</u>	<b><u>D</u></b> : The articles of organization or the application to transact business		
(CH	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STAT	<u>'EMEN'</u>	<u>r</u>
	Contains an incorrect statement. The incorrect statement, the reason the statem ncorrect, and the corrected statement are as follows:	nent is	
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		000	NOS
		2	다. 다.
	<u>DR</u>	AH :: 3	CORFORAL
$\checkmark$	Was defectively signed. The manner in which the document was defectively some appropriate correction are as follows: The signature appearing on the Articles of Organization was not author	igned an	
(	correct signature on the Articles of Organization should be Marc I. Solo	mon, E	sq.,
	as authorized representative		
		<del></del>	_
Dated:	October 18 , 2010	<b>A</b>	
	Signature of a member or authorized representative of a member	۹.	
	Marc I. Solomon £ 59.  Typed or printed name of signed		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

## Electronic Articles of Organization For Florida Limited Liability Company

L10000106191 FILED 8:00 AM October 11, 2010 Sec. Of State jbryan

#### **Article I**

The name of the Limited Liability Company is: KONNECT RF, LLC

#### **Article II**

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

540 NW UNIVERSITY BLVD. SUITE #109 PORT ST. LUCIE, FL. US 34986

The mailing address of the Limited Liability Company is:

540 NW UNIVERSITY BLVD. SUITE #109 PORT ST. LUCIE, FL. US 34986

#### **Article III**

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

#### **Article IV**

The name and Florida street address of the registered agent is:

MARC I SOLOMON ESQ. 1160 SOUTH ROGERS CIRCLE SUITE #2 BOCA RATON, FL. 33487

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.

Registered Agent Signature: MARC I. SOLOMON, ESQ.

# Article V

The name and address of managing members/managers are:

Title: MGR KONNECT RF, INC. 540 NW UNIVERSITY BLVD., SUITE #109 PORT ST. LUCIE, FL. 34986 US

Signature of member or an authorized representative of a member Signature: TRIPP REA

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