## L11000058603

(Damas Lale Nama)
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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B. BOSTICK
MAY 18 2011
EXAMINER

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Channel - Tel Commonications LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Roger Clark Name of Person
Channel-Tel Communications Lhe
5508 Tortle Crossing Loop
TAMPA A 3362 E T
roger Clark @ tampa bay, vr. com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Roger Clark at (813) 466-0989 P
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times 130.00 Filing Fee & Certificate of Status \$\ \times 155.00 Filing Fee & Certificate of Status \$\ \times 160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabil	Iity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
TAMPA, fl 33625	JSO8 Tortle Crossing Loop Tampa, Al 33625
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
The name and the Florida street address of the r	registered agent are:
Procer A. Clark	C, Sharon Clark &
5508 Tortle Cro Florida street add	dress (P.Q) Box NOT acceptable)
IAMPA	FL 33625 ate, 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)

Title: "MGR" = Manager "MGRM" ≈ Managing M	Name and Address:
MER	Roser Clark 5508 Tortle (rossin, Loo) TAMPA +1 33625
MGRM	Sharon Clark 5508 Turtle Crossing Loop Tampa, +1 33621
	AS 1
(Use attachment if necess  LE V: Effective date, if o	ary)
LE V: Effective date, if o	ther than the date of filing: (OPTION date must be specific and cannot be more than five business dang.)
LE V: Effective date, if o fective date is listed, the days after the date of fili	ther than the date of filing: (OPTION date must be specific and cannot be more than five business dang.)
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