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EXAMINER



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SUFFICIENCY OF FILING

DIVISION OF CORPORATION

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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Bue Collar Communications, UC 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: | | |
| Lawrence Williams SR Name of Person | | |
| Blue Collar Communications, LC | | |
| 2731 Blair Stone Road Apt 135 Address | | |
| Tallaha See FL 32301 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Lawrence Williams Stat (850) 559-9006 Name of Person Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the following amount: | | |
| \$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 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:

Blue Collar Communications, 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: | Mailing Address: |
|---------------------------|-----------------------|
| 2731 Blair Stone Rd | 2731 Blair Stone Rd |
| - AOE 135 | AOK 135 |
| Tallahassee FL 32301 | Tallahasser, FL 32301 |

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.)

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)

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" = Manager "MGRM" = Managing Member MGRM | Lawrence Williams 27.31 Blaix Stone Road Apt 135 Tollahasser, FL 32301 | |
| | | |
| | | |
| *************************************** | | |
| (Use attachment if necessary) | | |
| ARTICLE V: Effective date, if other than the | e date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior | |
| REQUIRED SIGNATURE: | | |
| Laurem Signature of a memb | er or an authorized representative of a member. | |
| constitutes an affirmation und I am aware that any false info | 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the mation submitted in a document to the Department of State mation as provided for in s.817.155, F.S.) | |
| Lawrence | yped 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)