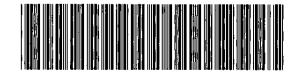
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## COVER LETTER

	tion Section of Corporations
SUBJECT:	T-COM, LLC. Name of Limited Liability Company
The enclosed Artic	cles of Organization and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	George Adam Merritt Name of Person
	Firm/Company
	3218 Big Oak Street
	Tallahassee, Florida 32311 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
George	Name of Person Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
\$125.00 Filing Fe	e \$\int_{\$130.00}\$ Filing Fee & \$\int_{\$155.00}\$ Filing Fee & \$\int_{\$160.00}\$ Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name;	
The name of the Limited Liability Company is:	•
T-COM "LLC."  (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the re-  George Adam Name  3218 Big Co Florida street address  Tallahassee City, Stat	Merritt  AK Street  ess (P.O. Box NOT acceptable)  REAL STREET  REAL S

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Thomas Lanway 10011 Tram Rd 32311 Tallahassee B
MGR	George Adam Merritt 3218 Big Oak St Tallahassee, FL 32311
MGRM	George Arthur Merritt 3218 Big Oak St Tallahassee, FL 323/1
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date mu	the date of filing: (OPTION st be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date murdays after the date of filing.)  REQUIRED SIGNATURE:	Ment Hember or an authorized representative of a member.
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section constitutes an affirmation used in a mean of the constitutes are affirmation used in a mean of the constitutes are affirmation used in a mean of the constitutes are affirmation used in a mean of the constitutes are affirmation used in the constitutes are affirmation used	st be specific and cannot be more than five business da

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)