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12 JUL -9 AM II: 24

SECRETARY OF STATE
TAIL AMASSEE, FLORIDA

C. LEWIS

JUL 10 2012

EXAMINER

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	*	MARTINE STATE
SUBJECT: TELLERCOM GROU	P LLC	,
5614261.	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
SARAH A. MORAN		
	Name of Person	
	Firm/Company	
6436 SW 130th PL, No. 8	05	
0430 3VV 130HTFL , 140. 8	Address	
MIAMI, FLORIDA 33183-560		
	ty/State and Zip Code	
TELLERCOM@GMAIL.COM E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, pleas	e call:	
SARAH A. MORAN	at (305 458-6976	
Name of Person	Area Code & Daytime Telepl	hone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		ŕ
Mailing Address  Registration Section	Street/Courier Address Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CL	ŒΙ	- N	am	e:
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The name of the Limited Liability Company is:

# TELLERCOM GROUP 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:** 

6436 SW 130th PL No. 805

MIAMI, FL 33183-5608

6436 SW 130th PL No. 805

MIAMI, FL 33183-5608

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:

SARAH A. MORAN

Name

6436 SW 130th PL. No. 805

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

MIAMI

FL 33183-5608

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)

Page 1 of 2

- 110 1141110 WILL WOULDS OF ORON MINING	ger or Managing Member is as follows:	FILED
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	12 JUL -9 AMII: 25 SECRETARY OF STATE ALLAHASSEE, FLORID
MGRM	SARAH A. MORAN 6436 SW 130th PL No. 805	
	MIAMI, FL 33183-5608	
MGRM	ROGER TELLER 6436 SW 130th PL No. 805	
	MAMI, FL 33183-5608	
(Use attachment if necessary)  LE V: Effective date, if other than the dective date is listed, the date must be days after the date of filing.)	date of filing: N/A e specific and cannot be more than five	(OPTIONAL) e business days prior
LE V: Effective date, if other than the offective date is listed, the date must be	<del></del>	<del></del> ` ,
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e specific and cannot be more than five	Dusiness days prior
LE V: Effective date, if other than the dective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a may after any false information under a member of a may false information under a member of a may false information under a member of a may false information under a member of a me	e specific and cannot be more than five of a member of an authorized representative of a member of a member of a member of a member of perjury that the facts stated her particulation submitted in a document to the Department of a provided for in s.817.155, F.S.)	business days prior  2/2/20/2 er.  document rein are true.

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)