

L12000126175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

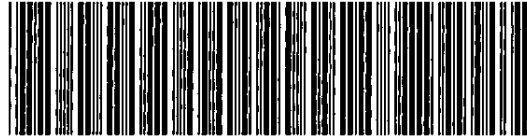
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OCT - 3 2012/

S. TONER

Office Use Only



300239615403

09/17/12--01020--011 **160.00

FILED
12 OCT -2 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-48022
DATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2012

ETHEL M. URBINA
1714 BRASSIE COURT
KISSIMMEE, FL 34746

SUBJECT: TELECOMUNICACIONES & SERVICIOS INTEGRALES
NICARAGUA, LLC DBA TELESERNIC, LLC
Ref. Number: W12000048022

We have received your document for TELECOMUNICACIONES & SERVICIOS INTEGRALES NICARAGUA, LLC DBA TELESERNIC, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 912A00023399

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TELECOMUNICACIONES & SERVICIOS INTEGRALES NICARAGUA, LLC (TELESERNIC, 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:

ETHEL M. URBINA

Name of Person

TELECOMUNICACIONES & SERVICIOS INTEGRADOS NICARAGUA, LLC (TELESERNIC, LLC)

Firm/Company

1714 Brassie Court

Address

KISSIMMEE, FLORIDA 34746

City/State and Zip Code

EURBINA02@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ETHEL M. URBINA

Name of Person

at (407) 460-9314

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 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:

TELECOMUNICACIONES & SERVICIOS INTEGRALES NICARAGUA, 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:

1714 Brassie Court -
KISSIMMEE, FL 34746

Mailing Address:

1714 Brassie Court
KISSIMMEE, FLORIDA 34746

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:

ETHEL M. URBINA

Name

1714 Brassie Court

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

KISSIMMEE, FL 34746

FL

City, State, and Zip

FILED
12 OCT -2 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ETHEL M. URBINA

1714 Brassie Court - Kissimmee, FL 34746

MGRM

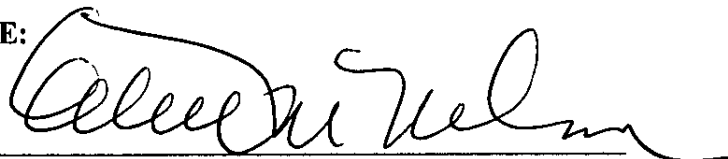
ETHEL M. URBINA

1714 Brassie Court - Kissimmee, FL 34746

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ETHEL M URBINA

Typed 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)**