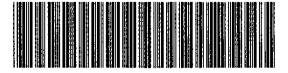
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(Requestor's Name)		
(Address)		
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(0)	(a) (a)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
(20	ournoite Humbory	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>	-	

Office Use Only



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(850) 245-6051.,

## **COVER LETTER**

TO: Registration 5 Division of Co		<b>⊕</b> aş	· do-	
SUBJECT:TL	K Communicati	DNS ed Liability Company		
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
	Tricia Kapus	stka		
<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Person		
<del></del>		Firm/Company		
	5230 Riverton	n Rd.		
	5230 Riverton	Address		
	Tacksonville, F	7. 32277		
	Cit	L 3ZZ 77 y/State and Zip Code		
	TRKapustka	O Comcast. net or future annual report notification)		
For firsther information	concerning this matter, please			
•				
Tricia Ko	rpustka	at ( 904 ) 891 - 63 Area Code & Daytime Telep	320	
Name	or reison	Area Code & Daynine Telep	none Number	
Enclosed is a check for	or the following amount:			. il 227
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	UL#332
	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 Ci	rcle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
TLK Communications, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "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 prince	cipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
5230 Riverton Rd. Jacksonville, FL 32277	5230 Riverton Rd. Jacksonville, FL 32277			
ARTICLE III - Registered Agent, Registered O (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 regi	stered agent are:			
Tricia L. Ridgwa Name	y-Kapustka			
5230 Riverton 1	Rd. is (P.O. Box <u>NOT</u> acceptable)			
Florida street addres	s (P.O. Box <u>NOT</u> acceptable)			
	and Zip			
Having been named as registered agent and to accept liability company at the place designated in this registered agent and agree to act in this capacity all statutes relating to the proper and complete p and accept the obligations of my position as registered Agent's Signature	certificate, I hereby accept the appointment as I further agree to comply with the provisions of performance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F.S.			

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	Tricia L. Ridgway-Kapustka 5230 Riverton Rd. Jacksonville, Fr 32277
· .	
(Use attachment if necessary)	
	than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days  filing.)
REQUIRED SIGNATURE	a member or an authorized representative of a member.
constitutes an affirma I am aware that any fa	ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)
Tr	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)