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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: RT BARREDA TELECOM 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:
RALPH J BARREDA JR-
RJ BARREDA TELECOM LL
rim/Company
202 BAY DRIVE NORTH (APT.#3)
Address
BRADENTON BCH. FLA 34217
BRADENTON BCH. FLA 34217 City/State and Zip Code BARREDA 1958 D YAHOO. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RALPH T. BARREDA at (941) 518 1356 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\sum_{\text{\$130.00 Filing Fee}} \times_{\text{\$130.00 Filing Fee}} \times_{\text{\$Certificate of Status}} \times_{\text{\$130.00 Filing Fee}} \times_{\text{\$Certified Copy}} \times_{\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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:

R.J. BAR	REDA T	ELECOM	LLC
(Must end with the	words "Limited Liability	Company, "L.L.C.," or "LLC."	")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the	ne Limited Liability Company i	s:
Principal Office Address:		ng Address:	
202 BAY DRIVE	<u>N</u> <u>R.</u>	J. BARREDA	4
BRADENITON BUH.	FLA BR	2 BAY DRIV	E N. (APT
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot another business entity with an active F	serve as its own Register	ered Agent's Signature:	434217
The name and the Florida street address			
RALPH	1 J BAR	REDA Je	3 2
202	BAY BRIVE	REDA Je NORTH (APT	
	ddress (P.O. Box NOT a		
BRADEN	TON BCH. FL	34217	
	City	Zip	등
Having been named as registered agen the place designated in this certifica capacity. I further agree to comply we of my duties, and I am familiar with Register	te, I hereby accept the app th the provisio <mark>ns</mark> of all sta	ointment as registered agent and tutes relating to the proper and of my position as registered age F.S	ted liability companyout d agree to act in this complete performance

(CONTINUED)

Page 1 of 2

The name and address of each person au	
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	RALPH J. BARREDA JR 202 BAY DRIVE NORTH (AMT BRADENTON BUH., FLA 34217
	
•	
(Use attachment if necessary)	
effective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after
effective date is listed, the date must be spate of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after
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effective date is listed, the date must be spate of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a more	Manual Ma
REQUIRED SIGNATURE: Signature of a no (In accordance with section 60 constitutes an affirmation under section 10 constitutes 10 consti	ember or an authorized representative of a member. 05.0203(1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
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REQUIRED SIGNATURE: Signature of a not constitutes an affirmation under lam aware that any false infor constitutes a third degree felor RALPH	ember or an authorized representative of a member. 05.0203(1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) ARREDA Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent