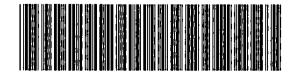
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(Requ	uestor's Name)	
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(·idal	3 33,	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORING

*,

COVER LETTER

	Registration Section Division of Corporations		, ,	
SUBJEC	T: INFRA	Spec	trum Technol	logies Greap, "LLC.
		Name of Lin	nited Liability Company	
The enclo	sed Articles of Organization	and fee(s) au	re submitted for filing.	
Please ret	urn all correspondence conc	erning this m	atter to the following:	
	FAREN	Lynn	LE JELME SR Name of Person	·
		•	Name of Person	
			Firm/Company	
	8421 Ada	on Cour	T	
			Address	
	OR/ANDO, 1	E/ 3	22 817 City/State and Zip Code	
	FLE JEUNE		•	
			d for future annual report no	etification)
For furthe	er information concerning th	`	•	,
	_			
FAR	en Lynn Le Jenn	<u>or Se</u> at (_	407 247 - Area Code Daytim	9336
	Name of Person		Area Code Daytim	e Telephone Number
Enclosed	is a check for the following	amount:		
3 \$125.00 1	Filing Fee \$130.00 Filing Certificate		□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	/ Mailing Address	\	Etwoot/Common	Address

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:

INFRA	Spectrum	Technologie	s Georp,	"LLC."
(Must end with the words	s "Limited Liability Cor	npany, "L.L.C.," or "	LLC.")
ARTICLE II - Addre The mailing address a	ess: nd street address of the p	orincipal office of the Li	mited Liability Comp	pany is:
Principal Office Add	ress:	Mailing A	Address:	
8421 Ade	N COUIT	842	1 Aden Co	XIT
ORIANDO, FI	32817	ORIA	~00,F1 3	2817
(The Limited Liability	stered Agent, Registere Company cannot serve y with an active Florida	as its own Registered A		
The name and the Flor	rida street address of the		_	
	FAREN Ly	NA LE JEWN	e SR.	
	8421 Ade	(P.O. Box NOT accept		
	_			
	ORLANDO	FL	32817	
	City		Zip	
the place designate capacity. I further a	ed in this certificate, I her gree to comply with the p	reby accept the appointm provisions of all statutes	ent as registered age relating to the proper	d limited liability company at int and agree to act in this and complete performance ad agent as provided for in
	Town	Lynn Se	lure Sa.	14 SE SECRE
		ontinued)	ŒD)	P 18 PH I
		Page 1 of 2		

Signature of a member or an authorized representation of signatures an affirmation under the penalties of perjury that if I am aware that any false information submitted in a documen constitutes a third degree felony as provided for in s.817.155, Filing Fees:	<u>s:</u>	
V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than filing.) VI: Other provisions, if any. Signature of a member or an authorized repressible constitutes an affirmation under the penalties of perjury that the standard and the second constitutes a third degree felony as provided for in s.817.155, Typed or printed name of signature felong.	INN LE JEUNE Aden Ct IFI 32817	
V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than filing.) VI: Other provisions, if any. Signature of a member or an authorized repressible constitutes an affirmation under the penalties of perjury that the standard and the second constitutes a third degree felony as provided for in s.817.155, Typed or printed name of signature felong.		
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(In accordance with section 605.0203 (1) (b), Florida Statutes constitutes an affirmation under the penalties of perjury that the same aware that any false information submitted in a document constitutes a third degree felony as provided for in s.817.155, Typed or printed name of significant forms.	an five business days	IONAL) prior to or 9
Filing Fees:	an five business days	IONAL) prior to or 9
Filing Fees:	esentative of a memles, the execution of the facts stated herein that to the Department of F.S.)	ber is document
	esentative of a memles, the execution of the facts stated herein that to the Department of F.S.)	ber Assiment SEP 8
125.00 Filing Fee for Articles of Organization and Designation of	esentative of a memles, the execution of the facts stated herein that to the Department of F.S.)	ber