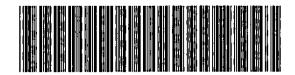
L1400053245

(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:
WIH 50958

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2014

OMAR SCOTT P.O. BOX 96 SANFORD, FL 32772

SUBJECT: THE CONNECT LLC Ref. Number: W14000056958

We have received your document for THE CONNECT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words the "Limited Liability Company," the abbreviation "L.L.C.", or the designation "L.L.C.". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is P12000055675.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 714A00019926

COVER LETTER

TO: Registration of	on Section Corporations				
subject: Firs	+ Connect LLC.				
	Name of Lin	nited Liability Company			
The enclosed Article	es of Organization and fee(s) ar	re submitted for filing.			
Please return all corr	respondence concerning this ma	atter to the following:			
		Name of Person			
First	· Connect LLC.				
		Firm/Company			
		P.O. Box 96	.E.	2814 SEP 24	•
		Address		SEP	
		Sanford, FL, 32772	<u> </u>	22	atp
		ity/State and Zip Code	्राह्म सम्बद्धाः		1
	E-mail address: (to be use	heconnect@vahoo.com I for future annual report notifica	otion)	PH 2: 43	į
For further informati	on concerning this matter, plea			ည်	
	omar scott at (_	321) 499-7119 Code Daytime Tel	lephone Number		
ivs	inie of Person	Code Daytime Tel	lephone 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 F Certificate of Sta Certified Copy (additional copy is	atus &	
Re	ailing Address gistration Section	Street/Courier Addi Registration Section			
P.0	vision of Corporations D. Box 6327 Ilahassee, FL 32314	Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

First Connect LLC.	1_6(7 ***	Tiblia Comment III I C N			
(Must end with the we	ords "Limited	Liability Company, "L.L.C.," o	or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	he principal o	ffice of the Limited Liability Co	ompany is:		
Principal Office Address:		Mailing Address:			
1801 W. 200 St.		P.O. Box 96			
Saylord, IL 32771		Sanford, FL, 32772			
another business entity with an active Flor The name and the Florida street address of	_	agent are:	AL CARREST	2814 SEP 24	and a
2	160 Womine	ion Ci		PH	.E
	160 Warring ress (P.O. Box	NOT acceptable)	10 ST	; *	general)
Jacks	onville	FL 32254	## ## ## ## ## ## ## ## ## ## ## ## ##	5	To grap in the
	City	Zip		_	
C		rvice of process for the above sto		y comp act in	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
CEO/President	Omar Scott
	1801 W. 2nd St
	Sandold, Pt 32771
(Use attachment if necessary)	
ective date is listed, the date must b of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 de
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E V: Effective date, if other than the ective date is listed, the date must bof filling.) E VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 de
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ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: (In accordance with section	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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