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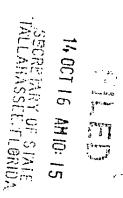
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## COVER LETTER - 4-

	on of Corporations		
SUBJECT: _	IN CABLING LLC	•	
	Name of Lir	nited Liability Company	
The enclosed A	articles of Organization and fee(s) a	re submitted for filing.	
Please return al	I correspondence concerning this m	atter to the following:	
	NESTOR MARTIN		,
		Name of Person	
		Firm/Company	·
		rimicompany	
	1176 SUMMERWOOD CIRCLE	Address	·
	WELLINGTON, FL 33414	City/State and Zip Code	
FIFIL	ULU2000@YAHOO.COM		
Eas fauthar infa	E-mail address: (to be use rmation concerning this matter, ple	d for future annual report notifica	tion)
roi iui uiei iiio	mination concerning this matter, pres	ase can.	
ISABEL MA	Name of Person		ephone Number
Postandia au	leads found a fall	:	
\$125.00 Filing	heck for the following amount:  Fee S130.00 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
IN CABLÍNG LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1176_SUMMERWOOD CIRCLE WELLINGTON, FL 33414	1176 SUMMERWOOD CIRCLE WELLINGTON, FL 33414
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)  The name and the Florida street address of the registered as	egistered Agent. You must designate an individual or )
APM TAX BUSINESS & CONS	HILTING SERVICES INC
Name	
1020 A PARKSIDE GREEN DE Florida street address (P.O. Box M	
WEST PALM BEACH	
City	
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance sations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member	<del></del>		
"MGR" = Manager			
AMBR	NESTOR MARTIN		
	1176 SUMMERWOOD CIRCLE		
	WELLINGTON, FL 33414	_	
MGR	ISABEL MARTIN		
	1176 SUMMERWOOD CIRCLE		
	WELLINGTON, FL 33414	_ _	
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(Use attachment if necessary)			
ICLE V: Effective date, if other than the date of effective date is listed, the date must be specification.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or	90 da	ys a
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