## U14000179050

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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TALL AND ASSECT FLORIBA

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## COVER LETTER "

то:	Registration Division of	n Section Corporations		
SUBJ	ECT:		COMMUNICATIONS, LLC. nited Liability Company	
The en	closed Articles	of Organization and fee(s) an	re submitted for filing.	
Please	return all corre	espondence concerning this m	atter to the following:	
		M	ATHEW STALBIRD Name of Person	
•				
		STALBI	RD COMMUNICATIONS, LLC	D
			Firm/Company	
		18922 NE	EW PASSAGE BOULEVARD	
	<del></del>		Address	
			D O' LAKES, FL. 34638	
		C	City/State and Zip Code	
		E-mail address: (to be use	A@TAMPABAY.RR.COM d for future annual report notifica	ation)
For fur	ther informatio	on concerning this matter, plea	ase call:	•
		at (at (	813 ) 310-27 Area Code Daytime Te	703 lephone Number
Enclos	ed is a check fo	or the following amount:		
\$125.0	00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Ma</u>	iling Address	Street/Courier Add	ress
		istration Section ision of Corporations	Registration Section Division of Corporat	tions
	. P.O	. Box 6327	Clifton Building	
	Tall	ahassee, FL 32314	2661 Executive Cent	ter Circle

La Tallahassee, FL 32301

Tallahassee, FL 32314



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OTAL DIDD COA	MANUALISMIC ATTIONIC LLC
	MMUNICATIONS, LLC.  imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18922 NEW PASSAGE BOULEVARD LAND O' LAKES, FL. 34638	18922 NEW PASSAGE BOULEVARD LAND O' LAKES, FL. 34638
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its another business entity with an active Florida registered and the Florida street address of the registered active.	ts own Registered Agent. You must designate an individual or istration.)
_	
' <del>'</del>	Name
18922 NEW PAS Florida street address (P.C	SSAGE BOULEVARD O. Box NOT accentable)
Florida street address (F.C	O. Bux NOT acceptable)
LAND O' LAKE	
City	Zip
	cept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this
capacity. I further agree to comply with the provi of my duties, and I am familiar with and accept to	issions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605 P.S.
capacity. I further agree to comply with the provi of my duties, and I am familiar with and accept to Registered Agent's	issions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605 P.S.
capacity. I further agree to comply with the provi of my duties, and I am familiar with and accept to Registered Agent's	risions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 603, P.S

"MGR" = Manager "AMBR"   MATHEW STALBIRD		<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:			
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		"MGR" = Manager					
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		"AMBR"	-				
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:							
CLE V: Effective date, if other than the date of filing:				LAND O' LAKES, FL. 34638			
CLE V: Effective date, if other than the date of filing:							
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REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of Statesconstitutes a third degree felony as provided for in s.817.155, F.S.)  MATHEW STALBIRD  Typed or printed name of signee							
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\$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)	effe e c	ective date is listed, the of filing.)  E VI: Other provisions,  REQUIRED SIGNAT  S  (In accordance constitutes ar I am aware the	if any.  URE:  ignature of a member of the with section 605.0203 of affirmation under the period and the period	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this disabilities of perjury that the facts stated herein are submitted in a document to the Department of Statutes of the covided for in s.817.155, F.S.)  THEW STALBIRD or printed name of signee	locument e true.	1 VON 71	я
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