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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Southern Cable Network LLC

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COVER LETTER

| | egistration Section Ivision of Corporations | |
|-------------|--|---|
| | Southern Cable Network LLC | |
| SUBJECT | Name of | Limited Liability Company |
| The enclos | ed Articles of Organization and fee(s |) are submitted for filing. |
| Please retu | ern all correspondence concerning this | s matter to the following: |
| | Cheyenne Moselcy, Legalzoom.com | n, tne. |
| | | Name of Person |
| | Legalzoom.com, inc. | |
| | | Firm/Company |
| | 101 N. Brand Blvd., 10th Floor | |
| | | Address |
| | Cilendale, CA 91203 | |
| | 1: (1: (A) colored (10) | City/State and Zip Code |
| | onlinefilings@Legalzoom.com E-mail address: (to be | used for future annual report notification) |
| For father | information concerning this matter, p | lease call: |
| | Cheyenne Moseley | 323 962-8600 ext. 7625 |
| | Name of Person | Area Code Daytime Telephone Number |
| | is a check for the following amount: Filing Fee \$130.00 Filing Fee Certificate of Statu | & S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 | Street Address New Filing Section Division of Corporations Clifton Building |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | le Network LLC | | |
|--|---|---|---|
| (M | ist and with the words "Limite | d Liability Company, | "L.E.C.," or "ELC.") |
| ARTICLE II - Address The mailing address and | street address of the principal o | office of the Limited L | Liability Company is: |
| , | Principal Office Address: | | Mailing Address: |
| | Indonesidana Villaga | | |
| Noralez Ext. | · | | · |
| Strain Creek, ARTICLE III - Registe The Limited Liability Conother business entity of | Belize red Agent, Registered Office, impany cannot serve as its own ith an active Florida registration | i Registered Agent, Yo on.) | 's Signature: ou must designate an individual or |
| Strain Creek, ARTICLE III - Registe The Limited Liability Conother business entity of | Helize red Agent, Registered Office, ompany cannot serve as its own | n Registered Agent, Yo on.) d agent are: | |
| Strain Creek, ARTICLE III - Registe The Limited Liability Conother business entity of | Belize red Agent, Registered Office, ompany cannot serve as its own ith an active Florida registration street address of the registere | n Registered Agent, Yo on.) d agent are: | |
| Strain Creek, ARTICLE III - Registe The Limited Liability Conother business entity of | Belize red Agent, Registered Office, ompany cannot serve as its own ith an active Florida registration street address of the registere | n Registered Agent, Yoon.) d agent are: ration Agents, Inc. Name | |
| Strain Creek, ARTICLE III - Registe The Limited Liability Conother business entity of | Belize red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration street address of the registere United States Corpo | n Registered Agent, Yoon.) d agent are: ration Agents, Inc. Name | ou must designate an individual or |
| Strain Creek, ARTICLE III - Registe The Limited Liability Conother business entity of | Belize red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration street address of the registere United States Corpo | n Registered Agent, Yoon.) d agent are: ration Agents, Inc. Name Court, Suite A | ou must designate an individual or |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof2

| | | Name and Address; |
|---|---|--|
| | ithorized Member | |
| "MGR" = Mar AMBR | | Darren Duncker |
| | | Noralez Ext., Independence Village |
| | | Stann Creek, Belize |
| AMBR | | Frances Duncker |
| | | Noralez Ext., Independence Village |
| | | Stann Creek, Belize |
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| (Use attachme | nt (finecessary) | |
| | sted, the date must be spec. | life and cannot be more than five business days prior to or 90 days : |
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| te of filing.) If the date insert ocument's effective CLE VI: Other professional contents of the contents of | ed in this block does not mee e date on the Department of pvisions, if any. SIGNATURE: Signature of a mem This document is executed I am aware that any false in | et the applicable statutory filing requirements, this date will not be list. State's records. State's records. There or an authorized representative of a member. It is accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S. |
| te of filing.) If the date insert ocument's effective CLE VI: Other professional contents of the contents of | ed in this block does not mee date on the Department of ovisions, if any. SIGNATURE: Signature of a mem This document is executed I am aware that any false is constitutes a third degree for | the applicable statutory filing requirements, this date will not be list State's records. There is an authorized representative of a member. It is accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State |

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