

L19000186962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

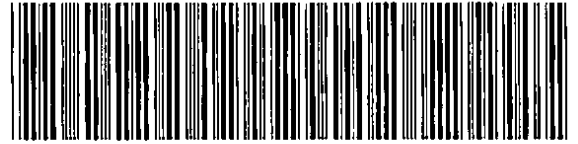
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
19 AUG -1 PM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUL 23 AM 10:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 855717 8279841

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : July 22, 2019

ORDER TIME : 8:48 AM

ORDER NO. : 855717-005

CUSTOMER NO: 8279841

DOMESTIC FILING

NAME: TELECOM CARRIER INT.

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT.

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2019

CSC

19-67649

RESUBMIT
Please give original
submission date as file date.

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

An individual must sign on behalf of the business entity you have designated as the registered agent.

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) 245-6052.

Rochelle E Kemple
Regulatory Specialist III

Letter Number: 219A00015567

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: TELECOM CARRIER INT. LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PABLO J. BAQUERIZO DAVILA

Name of Person

Firm/Company

1005 WEST BLANN DRIVE,

Address

TAMPA / FLORIDA / 33603

City/State and Zip Code

pablobaquertizodavila@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PABLO BAQUERIZO

813

2349123

at (_____) _____

Name of Person

Area Code

Daytime Telephone 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)**

Mailing Address

**New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Street Address

**New Filing 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:

TELECOM CARRIER INT. LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

PABLO BAQUERIZO DAVILA

Mailing Address:

1005 WEST BLANN DRIVE
TAMPA / FLORIDA 33603

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company
Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Corporation Service Company

By

Roxanne Turner

Roxanne Turner
Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

PABLO J. BAQUERIZO DAVILA

1005 WEST BLANN DRIVE

TAMPA FLORIDA 33603

(Use attachment if necessary)

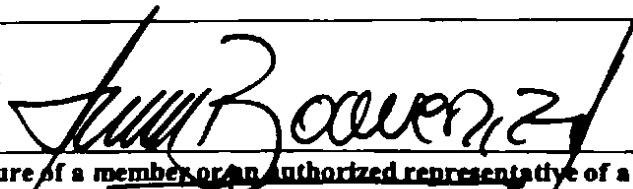
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

PABLO BAQUERIZO DAVILA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)