

January 28, 1997

19700000/34

P.O. Box 6327  
Tallahassee, Florida 32314

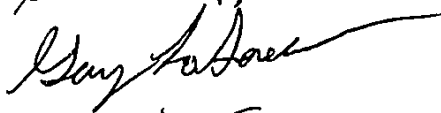
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Dear Sir,

Please accept the enclosed application  
for Salafia Communications as an LLC.

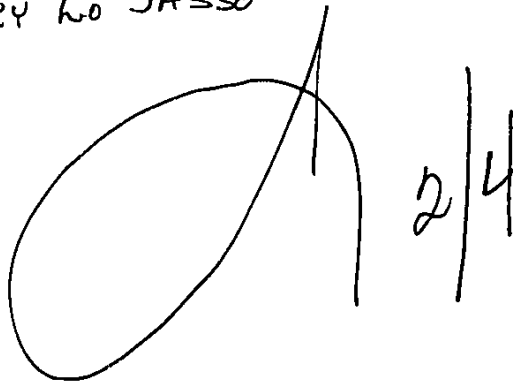
If you have any questions, you  
can contact me at 813 341-3917 or  
fax 813 381-0700.

Sincerely,



GARY Lo SASSO

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Sailfish Communications LLC  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. **Please send one check for the total amount made payable to the Florida Department of State.**

**FROM:** GARY LO SASSO  
Name (Printed or typed)  
5833 30<sup>TH</sup> AVE. NO.  
Address  
ST. PETERSBURG, FL 33710  
City, State & Zip  
813 347-3917  
Daytime Telephone number

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sailfish COMMUNICATIONS LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE II - Address:**

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

5833 30<sup>TH</sup> AVE No  
ST. PETERSBURG FL 33710

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

GARY LO SASSO  
5833 30<sup>TH</sup> AVE No  
ST PETERSBURG FL 33710

ALBERT LO SASSO  
14122 85<sup>TH</sup> AVE.  
SEMINOLE, FL. 33776

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_  
Sailfish COMMUNICATIONS LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0-.  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ -0-
- 5) the total amounts of 2, 3 and 4 is \$ 1000.00



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

Sailfish Communications LLS

2. The name and address of the registered agent and office is:

GARY LO SASSO  
(NAME)

5833 30<sup>TH</sup> AVE NO  
(P. O. Box NOT ACCEPTABLE)

ST. PETERSBURG FL 33710  
(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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.*

Gary Lo Sasso  
(SIGNATURE)

1-28-97  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**