L99000003172

May 20, 1999
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
(805) 487-6051

Dear Sirs,

Enclosed please find my Articles of Organization, Designation of Registered Agent, and a check payable to the *Florida Department of State* for the amount to file for a Limited Liability Company in the State of Florida.

If you need any further information please feel free to contact me at:

Mailing / Physical Address:

Benjamin Filippelli III 2337 NW 33rd Terrace Coconut Creek, FL 33066 Daytime Number - 954-648-8485 Home Number - 954-956-8282 500002884855--\$ -05/25/99--01005-<u>-</u>008 *****285.08 *****285.08

W99-12286

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Sincerely,

Benjamin Filippelli III

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 26, 1999

BENJAMIN FILIPPELLI III 2337 NW 33RD TERRACE COCONUT CREEK, FL 33066

SUBJECT: VISION NETWORKS LLC

Ref. Number: W99000012286

We have received your document for VISION NETWORKS LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6097.

Letter Number: 399A00028990

Michael Mays Document Specialist 99 JUN -3 AM 8: 19

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VSN Networks LLC

ARTICLE II - Address:

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

2337 NW 33rd Terroce Coconut Creek, FL 33066

ARTICLE III - Duration:

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

30 years beginning May 24,1999

ARTICLE IV - Management:
(Check the appropriate box and complete the 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:

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:

Benjamin Filippelli III 2337 NW 33rd Terr. Coconut Creek, FL 33066 George Grant 104 NW 109th St. Apt 102 Pembroke Pines, FL 33086 Paul Wrfi 22469 Swordfish Dr. Boca Raton, FL 33468

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Additional members shall be admitted only if all managing members agree.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

In the event of death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, all or any remaining members may continue to do business.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of	
VSN Networks LLC	ertifies:
या अनुसार स्थाप के पूर्व के अनुसार अनुसार के विकास के किया है। विकास के बिल्ली के प्रीतिकास के लिए के प्रीतिकास	
 the above named limited liability company has at least one member; the total amount of cash contributed by the member(s) is 	\$ 3 00.00
3) if any, the agreed value of property other than cash contributed by member(s) is	
(A description of the property is attached and made a part hereto.); and	
4) the total amount of cash and property contributed and anticipated to be	40
contributed by member(s) is	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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With the second	
Signature of a member or an authorized representative of a men	nber.
(In accordance with section 608.408(3), Florida Statutes, the execution o affidavit constitutes an affirmation under the penalties of perjury that the stated herein are true.)	f this facts
Benjamin Filippelli III. Typed or printed name of signee	
Typed or printed name of signee	The second of th

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

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

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Bridget K Connolly	<u> </u>
Bridget K Connolly	5 500
NAME AND	Ser.
్రామ్ కార్యాల్ అంటే అంది. అంది కార్లు కేంద్రి కోట్లు కోట్లు కేస్తున్నారి. మీరికి కేస్తి కేస్తున్నారి. ఈ అయినే మ కార్యాల్ కార్యాల్ కార్లు కార్లు కేస్తున్నారి. కోస్తాన్నారి కేస్తాన్నారి కేస్త్రిక్ కార్లు కార్లు కేస్తాన్నారి క	
2337 NW 33rd Terrace	
2307 NW 3018 1914CC	
Florida street address (P. O. Box NOT ACCEPTABLE)	
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Caronut Creek FL 33066	
CITY, STATE AND ZIP	
어디 열차 하다면 하는 사람들에 함께 하게 하는 한번 사람들이 하는 사람들이 모습니다면 나타되었다면 되는데 하는데 하는데 하는데 함께 하는 경험을 하는 것이다. 하는 사람들이 나를 하는 것이다.	

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.

SUBNATURE CAMMONDY

Filing Fee: \$ 35 for Designation of Registered Agent