

L 990000004760

Requestor's Name _____

Address _____

City/State/Zip _____ Phone # _____

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PEOPLE COMM INTERNATIONAL LLC
(Corporation Name) (Document #) /
2. _____ L99-4760
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

800002958268--3
 -08/12/99--01070--008
 *****52.50 *****52.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

8/17
FILED
 99 AUG 12 PM 1:03
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Examiner's Initials	_____
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CAPITAL CONNECTION 850 222 1222 08/05 '99 09:23 NO.375 01/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A LIMITED LIABILITY COMPANY

PEOPLE COMM INTERNATIONAL, LLC
(Name of Limited Liability Company)

a limited liability company, executes this supplemental affidavit filed pursuant to s. 608.412, Florida Statutes, and certifies that

the total amount of the capital contributions of the members is anticipated to be \$50,000-

(if contributions include other than cash, a description and agreed value of property must be attached.)

Under penalties of perjury, I declare that I have read the foregoing and that the facts are true to the best of my knowledge and belief.

Dated 8-5-99

[Signature]

(Signature of a member or authorized representative of a member)

STEVEN FRIEDMAN

(Typed or printed name of signee)

FILED
09 AUG 12 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If increasing, Filing Fee:	\$250.00
If decreasing, Filing Fee	\$ 52.50
Certified Copy, (optional)	\$ 52.50

CR2051(9/97)

Division of Corporations • P.O. Box 6327 • Tallahassee, Florida 32314