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660 East Jefferson Street		
equestor's Name		
Tallahassee, Florida 3230)1	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TowerCom Gulf Coast, L.L.C.

ARTICLE II - Address:

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

1 Independent Drive, Suite 1600 Jacksonville, Florida 32202-5009

ARTICLE III - Duration:

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

Perpetual

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

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

TowerCom Management, L.L.C. 1 Independent Drive, Suite 1600 Jacksonville, Florida 32202-5009

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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:

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:

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:

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ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of	
TowerCom Gulf Coast, L.L.C.	certifies:
 the above named limited liability company has at least one member; the total amount of cash contributed by the member(s) is 	\$ <u>10,000.00</u> ,
3) if any, the agreed value of property other than cash contributed by m (A description of the property is attached and made a part hereto.), a	nember(s) is \$; and
 4) the total amount of cash and property contributed and anticipated to contributed by member(s) is 	
Signature of a member or an authorized representative (In accordance with section 608.408(3), Florida Statutes, the affidavit constitutes an affirmation under the penaltics of perstated herein are true.)	execution of this
David S. Boone Typed or printed name of signee	

Filing Fee: \$250.00 for Articles and Affidavit

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:	9 No-5
	TowerCom Gulf Coast, L.L.C.	圣影
2.	The name and address of the registered agent and office is:	PM 4: 28
	David S Boone (Name)	
	1 Independent Drive, Suite 1600 (P.O. Box nor acceptable)	
	Jacksonville, Florida 32202-5009 (City/State/Zip)	,
limite	ng been named as registered agent and to accept service of process for the above stated ed liability company at the place designated in this certificate, I hereby accept the intment as registered agent and agree to act in this capacity. I further agree to comply	

FILING FEE: \$ 35 for Designation of Registered Agent

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.

(Signature)