# TRANSMITTAL LETTER 3 5 3 3 <u>ь т</u> 761 ()()/)(Y)14 Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 800(-01101 -010 \*\*\*\*78.75 \*\*\*\*78,75 SUBJECT: Proposed corporate name - must include suffix 80000302392 11/09/99--01040-\*\*\*\*51.25 \*\*\*\*51.25 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 **□1** \$78.75 □\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of AOM 66 Ł Status **ADDITIONAL COPY REQUIRED** 10 NM10: FROM: 1 < on Name (Printed or typed) م City, State & Zip <u>L7.510.4774</u> Daytime Telephone number NOTE: Please provide the original and one copy of the articles.



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 26, 1999

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DON D. STILLSON P.O. BOX 9017 LARGO, FL 33771

SUBJECT: SHELL PHONE CO., L.L.C. Ref. Number: W99000024678

We have received your document for SHELL PHONE CO., L.L.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$51.25.

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) 487-6917.

Gretchen Harvey Document Specialist Supervisor

Letter Number: 199A00051446

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: Phone Co., L.L. Shell

#### **ARTICLE II - Address:**

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

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

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

Florida street address (P.O. Box NOT acceptable) Free FI City, State, and 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 608, F.S.

Registered Agent's Signature

### Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

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

Typed or printed name of signee

#### Filing Fees:

\$100.00 Filing Fee for Articles of Organization\$ 25.00 Designation of Registered Agent\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

