

L99000008168

Access Incorporation Services, Inc.
21550 Oxnard St, Suite 300
Woodland Hills, CA 91367

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

500003044005--G
-11/15/99-01078-016
****285.00 ****125.00

w99-26375

To Whom It May Concern:

Enclosed please find two copies of the Articles of Organization for **Multi-Pole, LLC**.
Also, enclosed please find a check made out to Florida Department of State for the
amount of \$285.

Please send a stamped copy of the articles to:

Access Incorporation Services
21550 Oxnard St, Suite 300
Woodland Hills, CA 91367

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99 NOV 29 PM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mt

11/29

Sincerely,

Matthew Cohen
Vice-President
Access Incorporation Services, Inc.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 16, 1999

ACCESS INCORPORATION SERVICES
21550 OXNARD ST., STE 300
WOODLAND HILLS, CA 91367

SUBJECT: MULTI-POLE, LLC
Ref. Number: W99000026375

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TALLAHASSEE, FLORIDA

We have received your document for MULTI-POLE, 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):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

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.

Michael Mays
Document Specialist

Letter Number: 299A00055008

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Multi-Pole, LLC

ARTICLE II - Address:

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

1203 Ventana Drive, Ruskin, FL 33570

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 or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Kenny Williams 1203 Ventana Drive, Ruskin, FL 33570

- ☐ 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:

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TALLAHASSEE, FLORIDA

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____
Multi-Pole, LLC

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

Kenny Williams

NAME

1203 Ventana Drive

Florida street address (P. O. Box NOT ACCEPTABLE)

Ruskin,

FL 33570

CITY, STATE AND 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.



SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent