M01000001401

TRANSMITTAL LETTER

TO: Registration Se Division of Co		_	
SUBJECT:	@	ccess, LLC	
	(Name of corpor	ation - must include suffix)	
Dear Sir or Madam:			
	tion by Foreign Corporation ce", and check are submitted Florida.		
Please return all corresp	pondence concerning this ma	tter to the following:	
	DEREK T.	SHERRIU	
	(Name	of Person)	
	@ccess	s, we be	<u> </u>
3959 Va		Company)	-06/20/0101047001 *****55.00 *****55.00
	(A	ddress)	· · · -
lutz,	in Dyke Road (A FLORIDA 335	49	•
For further information	(City/Sta		00043359787 -05/31/0101055009 ******70.00 *****70.00
DEDEN T CHE	ERRIU at (81)	2 , 357-9627	• • •
(Name of Person		ea Code & Daytime Telephon	
			, and the second
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	FIL 1 JUN 21 ECRETARY VLLAHASSE
Enclosed is a check for	the following amount:		E, FL
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 5, 2001

DEREK T SHERELL 3959 VAN DYKE RD, STE 202 LUTZ, FL 33549

SUBJECT: @CCESS, LLC Ref. Number: W01000012673

We have received your document for @CCESS, LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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

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: 901A00034

JUN 21 AH 8:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of foreign limited liability company) 3. <u>59-37-20239</u> (FEI number, if applicable) (Jurisdiction under the law o company is organized) (Duration: Year limited liability company will cease to transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 3959 Van Dyke Road, Suite Zoz 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: DEREKT. SHERRUL 18418 Oriole Street 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Sale of telecommunication services. Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., 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

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:			
		0,0	cess, Ll	C	
			cess, 00	<u> </u>	
2. The name	and the Florida street add	ress of the register	ed agent and offic	10 2TO	
		1 	oa agont ana ont	λ aις.	
	DEREK T.	Cheppin			
	DUREC I.	SHEKKIL (Name)			
		(Name)			
	18418 Ori	ole Stree	28		
		t address (P.O. Box N			Ä
	1			ASS C	
	LUTZ	FI.	33549	-	F
		City/State/Zi	ip	S 2 2	
				SEE NY C	in.
Having hoon no	mad as varietand and			T S	O
liability compa	med as registered agent a ny at the place designated	na to accept service in this continues. I	of process for the	above stated din	rited
agent and agree	e to act in this capacity. I	in inis certificule, 1 l further acree to con	nereby accept the c	appointment as	registered
retating to the p	roper and complete perfor	mance of my duties	and I am familia	e with and accom	ites
obligations of n	ny position as registered ag	gent as provided for	in Chapter 608 F	' wun ana accep 'S	n ine
Dh	(. III)				
	(Signature)	r	· -		

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

Designation of Registered Agent

\$ 100.00 \$ 25.00

\$ 30.00

\$ 5.00



LIMITED-LIABILITY COMPANY CHARTER

I, DEAN HELLER, the Nevada Secretary of State, do hereby certify that **@CCESS, LLC** did on **May 1, 2001**, file in this office the Articles of Organization for a Limited-Liability Company, that said Articles are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain the provisions required by the laws governing Limited-Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunt seem Mand affixed the Great Seal of State, at my office in Carson City, Nevada, on May 1, 2001.

Secretary of State

Ву

Certification Clerk