

m 99000000534

Document Number Only

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

800002821938--6

-03/29/99--01103--022

***285.00 ***285.00

CORPORATION(S) NAME

Call.com, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR -9 PM 1:10

FILED

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Amendment
- Merger
- Dissolution/Withdrawal
- Mark
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
- Annual Report
- Fict. Filing
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- Other
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MAR 29

Please Return Extra Copy(s)
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Thanks, Melanie ☺

m99000000534



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 29, 1999

CT CORP.

SUBJECT: CABLECOM, LLC
Ref. Number: W99000007485

We have received your document for CABLECOM, 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):

The name designated in your document is not available. Therefore, the limited liability company must adopt an alternate name for use in the state of Florida. To adopt an alternate name the entity must submit a resolution signed by a managing member or manager adopting the alternate name for use in the state of Florida. The alternate name must end with "L.L.C.," "L.C.," "Limited Liability Company" or "Limited Company."

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 699A00015686

RESOLUTION OF MANAGING MEMBERS OR MANAGERS

I, the undersigned DONNA RAFFAELLI
(Name)

do hereby certify that this Resolution of the Managing Members or Managers of

CABLECOM, LLC.
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of the State of

WISCONSIN, was duly adopted on MARCH 30, 1999

Be it resolved, that CABLECOM, LLC
(Name of Limited Liability Company)

organized and existing in the state of WISCONSIN, hereby adopts the

name of REXCOM, LLC for use in Florida

Dated: 3/30/99

Donna Raffaelli
Signature of a Member or an Authorized Representative of a Member

1/16/98

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. CABLECOM, LLC
 (Name of foreign limited liability company must end with the words "limited liability company" or "limited company" or their abbreviations "L.L.C." or "L.C." if not so contained in the name at present.)

2. WISCONSIN 3. 39-1920736
 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/2/98 5. PERPETUAL
 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. EXPECTED 4/99
 (Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.))

7. 720 W. VIRGINIA STREET
MILWAUKEE WI 53204
 (Street address of principal office)

8. List name, title, and business address of each managing member [MGRM] or manager [MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>DONNA RAFFAELLI</u>	<u>MGRM</u>	_____	_____
<u>720 W. VIRGINIA ST.</u>		_____	
<u>MILWAUKEE, WI 53204</u>		_____	
<u>NIKSA IVANCEVIC</u>	<u>MGRM</u>	_____	_____
<u>720 W. VIRGINIA ST.</u>		_____	
<u>MILWAUKEE, WI 53204</u>		_____	
<u>KELLY MCCOOK</u>	<u>MGRM</u>	_____	_____
<u>720 W. VIRGINIA ST.</u>		_____	
<u>MILWAUKEE, WI 53204</u>		_____	

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of CABLECOM, LLC
_____ certifies:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the member(s) is \$ 27,000.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____;
(A description of the property is attached and made a part hereto.)
and
- 4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is \$ 27,000.00.
(This total includes amounts from 2 and 3 above.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Donna Raffaelli
Signature of a member or authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DONNA RAFFAELLI
Typed or printed name of signee

Filing Fee: \$250.00 for Application 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CABLE COM, LLC

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

C T CORPORATION SYSTEM

(Name)

1200 South Pine Island Road

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

Plantation FL 33324

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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.

C T CORPORATION SYSTEM

Anne E. Diamond

(Signature)

Anne E. Diamond
Assistant Secretary

Filing Fee: \$ 35 for Designation of Registered Agent

DOM
183

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

CABLECOM, LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is FEBRUARY 2, 1998.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

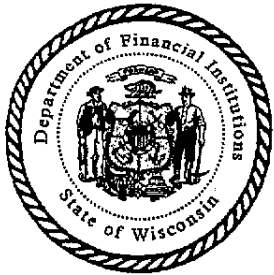
I further certify that said company has not filed articles of dissolution with this department.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on February 25, 1999.

A handwritten signature in black ink, appearing to read "Richard L. Dean".

RICHARD L. DEAN, Secretary
Department of Financial Institutions

BY: Patricia Weber



Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.