

L000000009854



ACCOUNT NO. : 072100000032

REFERENCE : 799870 4320229

AUTHORIZATION :

Patricia Pujato

COST LIMIT : \$ 195.00

MJH

ORDER DATE : August 16, 2000

ORDER TIME : 10:55 AM

ORDER NO. : 799870-005

CUSTOMER NO: 4320229

CUSTOMER: Tanya N. Hariston, Esq
Kilpatrick Stockton, LLP

1100 Peachtree Street
Suite 2800
Atlanta, GA 30309

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DOMESTIC FILING

NAME: ALLIED TECH LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPIES (2)

XX CERTIFICATES OF GOOD STANDING (2)

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

RECEIVED
00 AUG 16 AM 11:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
00 AUG 16 AM 11:32

FILED
00 AUG 16 PM 2:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLIED TECH LLC

ARTICLE II - Address:

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

SQU SERVICES AG, ALFRED ESCHERSTR. 9, POSTFACH, CH 8027, ZURICH, SWITZERLAND

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

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

CORPORATION SERVICE COMPANY

Name

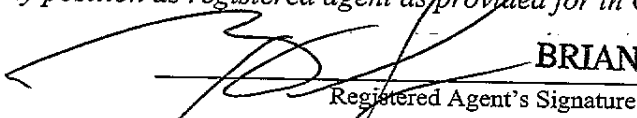
1201 HAYS STREET

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

TALLAHASSEE FL 32301

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

BRIAN COURTNEY, ASST. V.P.

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.)

MILA OSTIN, AUTHORIZED REPRESENTATIVE
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 16 PM 2:02