

# LO2 0000 32958

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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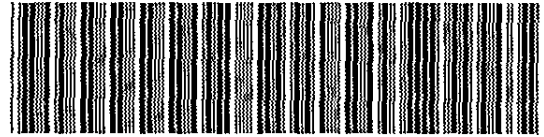
(Business Entity Name)

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**BAKER  
&  
HOSTETLER** LLP  
COUNSELLORS AT LAW

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December 3, 2002

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**  
7001 0360 0000 4623 2561

Florida Department of State  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, Florida 32399

Re: Sernoff Consulting LLC

Dear Sir or Madam:

Enclosed please find a copy of the Articles of Organization for Florida Limited Liability Company (the "Articles") for Sernoff Consulting LLC. Also enclosed is a check for \$155.00 covering the Filing Fee for the Articles, Designation of Registered Agent fee and a Certified Copy fee. Please process this filing at your earliest convenience and send the Certified Copy of the Articles back to me at the address listed below.

Milica Zimonjic  
Baker & Hostetler LLP  
1050 Connecticut Avenue, NW  
Suite 1100  
Washington, DC 20036

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TALLAHASSEE, FLORIDA

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Thank you for your assistance with this matter. Please feel free to contact me if you have any questions regarding the enclosed Articles.

Sincerely,

  
Milica Zimonjic  
Paralegal

Enclosures

cc: Louis R. Sernoff, Esq.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Sernoff Consulting LLC

## ARTICLE II - Address:

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

305 S. Union Street, Alexandria, VA 22314

## 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.*

Corporation Service Company

By Jacqueline N. Casper  
Registered Agent's Signature  
Jacqueline N. Casper, Assistant V.P.

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

Louis R. Sernoff  
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.)

Louis Sernoff  
Typed or printed name of signer

### 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)

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TALLAHASSEE, FLORIDA

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