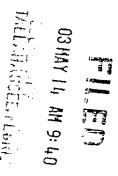
# L03000017522

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	··············
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		5/5/
	Office Use Only	MA



600018565526

05/14/03--01037--002 \*\*155.00



LAW OFFICES

# HOWE & HUTTON, LTD.

20 NORTH WACKER DRIVE CHICAGO, ILLINOIS 60606-9833

TELEPHONE (312) 263-3001

TELEFAX (312) 372-6685

DAVID WALTER NORRIS

May 9, 2003

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

Re:

IBEX, LLC
Articles of Organization

Dear Sir or Madam:

Enclosed are the Articles of Organization for IBEX, LLC, along with a check for fees in the amount of one hundred fifty five dollars (\$155.00), i.e., filing fee, Designation of Registered Agent, and Certified Copy. Please process these articles as expeditiously as possible.

Thank you for your prompt attention to this matter.

Sincerely,

David Walter Norris

el Walter Vini

cc: Thom Dammrich

Henry M. Schaffer

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

IBEX, LLC

### **ARTICLE II - Address:**

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

9050 Pines Boulevard, Suite 305

Pembroke Pines, FL 33024

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

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

Cathy Johnston					0	
Name			<del></del>		<u>₹</u>	
9050 Pines Boulevard,	Suite 3	305	·	1	HAY	Garage P
Florida street address (P.O	Box NOT	acceptable)	<u></u> ر		14	
Pembroke Pines	FL	33024	•	<u>.</u>	Da.	्र कुल्य
City, State,	and Zip			. u	_	* * *

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.

Caty a John Ston

Registeded Agent's Signature

(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.)

David Walter Norris

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)