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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : GREENSPOON MARDER HIRSCHFELD RAKIN ROSS & BERGER,
Account Number : 076064003722
Phone : (954) 491-1120
Fax Number : (954) 771-9264

LIMITED LIABILITY COMPANY
OMNIPLEX CAPITAL VENTURES I, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is Omniplex Capital Ventures I, L.L.C.

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall continue for a period of 30 years thereafter.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 1180 Spring Centre South Boulevard, Suite 212, Altamonte Springs, Florida 32714.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Michael E. Marder, 135 W. Central Boulevard, Suite 1100, Orlando, Florida 32801.

ARTICLE V - Management:

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is:

Omniplex Capital Ventures I, Inc.
1180 Spring Centre South Boulevard, Suite 212
Altamonte Springs, Florida 32714

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ARTICLE VI - Admission of Additional Members:

The members shall have the right to admit additional members upon the unanimous consent of all existing members.

ARTICLE VII - Members' Rights to Continue Business:

The remaining members of the Limited Liability Company, upon unanimous consent, shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

Whereof, the undersigned member has executed these Articles the 31 day of December, 1999.



Albert Auger, Authorized Member

SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -9 PM 2:00

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**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 IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Omniplex Capital Ventures I, L.L.C.

2. The name and address of the registered agent and office is:

Michael E. Marder
135 W. Central Boulevard, Suite 1100
Orlando, Florida 32801


Albert Auger, Authorized Member

*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.*


Michael E. Marder

2-8-00

(Date)