



**L00000004025**

236 East 5th Avenue, Tallahassee, Florida 32301  
P.O. Box 1066 (32301-1066) (850) 22-2666 or (850) 965-1666 Fax (850) 22-1666

**WALK IN**  
**PICK UP** 4/9/00 Alinda

☒ **CERTIFIED COPY**

**CUS**

**PHOTO COPY**

☒ **FILING** LLC

FILED  
00 APR -7 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1.) Florida Cartridge Xchange, L.L.C.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

600003200506--2  
-04/07/00--01083--015  
\*\*\*\*155.00 \*\*\*\*155.00

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

*Happy Friday*

RECEIVED  
00 APR -7 PM 2:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**SPECIAL INSTRUCTIONS**

L00-4025

Name	<u>[Signature]</u>
Address	<u>[Signature]</u>
City	<u>[Signature]</u>
State	<u>[Signature]</u>
Zip	<u>[Signature]</u>
Phone	<u>[Signature]</u>
Fax	<u>[Signature]</u>
E-mail	<u>[Signature]</u>
Web	<u>[Signature]</u>
Acknowledgment	<u>[Signature]</u>
W. P. V.	<u>[Signature]</u>

"When you need ACCESS to the world"  
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *Florida Cartridge Xchange, LLC*

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: *555 Broad Street, Glen Rock, New Jersey 07452*

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

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

CORPORATE ACCESS, INC.  
236 East 6th Avenue  
Tallahassee, FL 32303

*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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

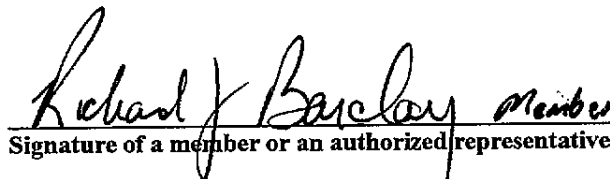
  
Registered Agent's Signature

**ARTICLE IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

**ARTICLE V - Effective Date:**

The effective date of the LLC is April 7, 2000.

  
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.)

Richard J. Barclay

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 APR -7 PM 4:16

FILED