L 2000000 9349

June 26, 2000

Registration Section

Division of Corporations

409 E. Gaines St.

Tallahassee, Fl. 32399

900003310479-----06/30/00--01086--007 ****285.00 ****160.00

LLC Filings Office:

I enclose an original and 2 copies of the proposed Articles of Organization of Nomadicon L.C., a proposed domestic limited liability company. Please file the Articles of Organization and return acknowledgment to me at the address below.

A check/money order in the amount of \$ 285.00, made payable to your office, for total filing and processing fees is enclosed.

, , , , ,

Sincerely,

S. Patrick Oden

3263 Brentwoon Ln.

Melbourne, Fl. 32934

321-242-9449

Enclosures: Articles of Organization, Certificate of Designation of Registered Agent / Registered Officer, check/money order

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 10, 2000

S. PATRICK ODEN 3263 BRENTWOOD LN MELBOURNE, FL 32934

SUBJECT: NOMADICON L.C. Ref. Number: W00000017257

We have received your document for NOMADICON L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 900A00037896

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SEGRETARY OF STATE
AND AUGRESSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: NOMADICON L.C.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability 1280 SARNO RD SUITE ZZS Melbourne, FC. 32935	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa	ture:
The name and the Florida street address of the registered agent are:	
Melissa A. Wilson	
Melissa A. Wilson Name 1001 W. EAU GAllie Blud #133 Florida street address (P.O. Box NOT acceptable) Melbourne FL 32935 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointm agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with an obligations of my position as registered agent as provided for in Chapter 608, F.S	ent as registerea ill statutes
Registered Agent's Signature	
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more man therefore, a manager - managed company. (An additional article must be added if an effective date is requested.)	I)
Signature of a member or an authorized representative of a member.	D P
(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.) 5. PATRICK ODEN Typed or printed name of signee Filing Fees:	FILED OO AUG -4 AM II: 48 SLUKLIAKI OF SIAIBA FALLANASSEE, FLORIBA
\$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)	