

L00000010730



ACCOUNT NO. : 072100000032

REFERENCE : 788443 7220862

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pizit

ORDER DATE : August 4, 2000

ORDER TIME : 1:48 PM

ORDER NO. : 788443-005

CUSTOMER NO: 7220862

CUSTOMER: Ms. Martha Mylona
Ms. Martha Mylona

300003384473--6

1500 N. Jefferson Street

Perry, FL 32347

DOMESTIC FILING

NAME: CHIMAERA TECHNOLOGIES LLC

EFFECTIVE DATE:

- _____ ARTICLES OF INCORPORATION
- _____ CERTIFICATE OF LIMITED PARTNERSHIP
- XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - EXT. 1155

EXAMINER'S INITIALS:

JB
9-6-00

AND FILED
00 SEP -6 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chimaera Technologies, LLC

ARTICLE II - Address:

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

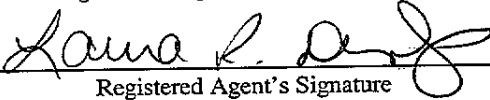
1500 North Jefferson Street, Perry, FL 32347

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 <u>NOT</u> acceptable)		
Tallahassee	FL	32301
City, State, and Zip		

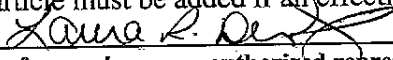
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(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.)

Laura R. Dunlap
Typed or printed name of signee

APPROVED
FILED
00 SEP - 6 PM 14 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 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)

MEMBERS

Martha Mylona
1500 N. Jefferson Street
Perry, FL 32347

Aleka Mylona
Nestoros 62 Chora
Messinias Greece

APPROVED
A.J.D.
FILED
00 SEP -6 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of CHIMAERA TECHNOLOGIES LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

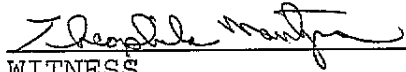
This Limited Power of Attorney is executed on this
day of _____, 19 ____



WITNESS



TYPED OR PRINTED NAME



WITNESS

Theophilos Mantzanas

TYPED OR PRINTED NAME



SIGNATURE

Martha Mylona

TYPED OR PRINTED NAME

00 SEP -6 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVER
A9
FILED