Sep. 13,2000_{Cc}10:23AM_{ns.} TRIPP SCOTT No. 1479 P. 1/4 Propert of 1

Florida Department of State

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To:

Division of Corporations

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: (850)922-4003

From:

Account Name : TRIPP, SCOTT, CONKLIN & SMITH

Account Number: 075350000065 Phone: (954)525-7500

Fax Number : (954)761-8475

Ath: Sue Deverson #990988,0082

O SEP 13 PH 12: 33

LIMITED LIABILITY COMPANY

X-ADE Distributing, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF X-ADE DISTRIBUTING, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE 1 NAME

The name of this limited liability company is:

X-ADE Distributing, LLC

ARTICLE II PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

425 N.E. 28th Road Boca Raton, FL 33431

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

Tanya L. Bower, Esq. c/o Tripp Scott, P.A. 110 S.E. 6th Street, 15th Floor Ft. Lauderdale, FL 33301

Prepared By:

Tanya L. Bower, Esq. Bar No. 0093378 Tripp Scott, PA P. O. Box 14245 Pt. Lauderdale, FL 33302 (954) 525-7500

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Doc#: 227392 Ver#:1 990988;0001

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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.

Tanya L. Bower Registered Agent

ARTICLE IV MANAGEMENT

The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.

Name: Tanya(I). Bower

Title: Authorized Representative of

the Members

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perfury that the facts stated hereincare true

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CONSENT TO USE OF NAME

I,	<u>James J. Patti</u>	, Operating Manager of X-ADE Worldwide, LLC, consents to
allow the na	ame X-ADE to be us	ed by X-ADE Distributing, LLC, a Florida limited liability company,
for use as a	domestic limited li	ability company in Florida.

Dated: September 12, 2000

X-ADE Worldwide, LLA

Name: James J. Parti Title: Operating Manager

In the presence of:

Printed Name: Susanne M. Deverson

Printed Mame: Town L. Bringer.

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