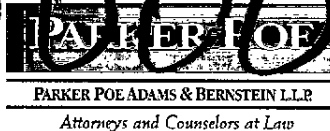


LO00000014378



Three First Union Center
401 South Tryon Street
Suite 3000
Charlotte, NC 28202
Telephone 704.372.9000
Fax 704.334.4706
www.parkerpoe.com

Walk in
CT Corp. System

November 7, 2000

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

200003457132--1
-11/08/00--01043--005
****155.00 ****155.00

Re: *TECHeNOMICS, LLC*

W-27085

Dear Sir or Madam:

Enclosed for filing is an original and one exact copy of the Articles of Organization of TECHeNOMICS, LLC. Our check in the amount of \$155 is also enclosed in payment of the required filing fees, and includes the optional fee for a certified copy of the Articles.

Please return the proof of filing to my attention, along with the certified copy. A prepaid Federal Express air bill is enclosed for your use.

Thank you for your prompt attention to this matter, and please contact me immediately should you require anything further.

Sincerely,

Elizabeth C. Apple
Paralegal

eca
Enclosures

cc: Cliff McKee
George H. Pretty II, Esq. (w/o enclosures)
James N. Greene, Esq. (w/o enclosures)

APPROVED
AND
FILED
00 NOV 21 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JB
11-21-00

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

CORPORATION(S) NAME

Techenomics LLC

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

11/21

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED
THANKS

CONNIE BRYANT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 21 PM 12:09

APPROVED
AND
FILED



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 14, 2000

PARKER POE
401 SOUTH TRYON ST
STE 3000
CHARLOTTE, NC 28202

SUBJECT: TECHENOMICS, LLC
Ref. Number: W00000027085

We have received your document for TECHENOMICS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 100A00058587

00 NOV 21 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **TECHeNOMICS, LLC**

ARTICLE II - Address:

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

209 Delburg Street, Suite 206
Davidson, NC 28036

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

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

CT Corporation System
Name
c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)
Plantation FL 33324
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..


CT Corporation System
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.)

Elizabeth C. Apple, Organizer
Typed or printed name of signer

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)

00 NOV 21 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED