

DI BON SYSTEMS, LLC

5824 Bee Ridge Rd. PMB #414 Sarasota, FL 34233 Phone, 941-923-2608
Fax: 941-923-2608
Email: diboninfo@aol.com

Loloppo 4235

Florida Department of State Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

500003854125--1 -03/15/01--01058--009 ****160.00 ****160.00

To the Florida Dept. of State:

Enclosed is an application for registration of DiBon Systems as a Limited Liability Corporation in the State of Florida. Also enclosed is a check in the amount of \$160.00 to cover total expenses for filing fees, designation of Registered Agent, Certified Copy, and Certificate of status.

If there are any questions, please call the number listed in the letterhead.

Thank you in advance for your assistance.

Sincerely,

Bonita L Kamrath

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Florida street address (P.O. Box NOT acceptable)

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

DiBon Systems, L.L.C.

5824 Bee Ridge Rd., #.414 Sarasota, FL 34233

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

Sarasota, FL 34230 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above state iability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision tatutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 608, Frankath. Registered Agent's signature	t as ions of all ith and
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers therefore, a manager - managed company.	and is,
(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.) Bonita L. Kamrath Typed or printed name of signee	OI MAR IS AMIO: 34
<u>Filing Fees:</u> \$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)