

**LD1000010918**

LAW OFFICES OF  
RICHARD M. KNELLINGER, P.A.

RICHARD M. KNELLINGER  
KNELLINGER@AOL.COM  
TELEPHONE (352) 373-3334  
FACSIMILE (352) 376-1214

305 BANK OF AMERICA BUILDING  
2815 NORTHWEST THIRTEENTH STREET  
GAINESVILLE, FLORIDA 32609-2889

June 27, 2001

Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Post Office Box 6327  
Tallahassee, Florida 32314

900004450083--1  
-06/28/01--01089--012  
\*\*\*125.00 \*\*\*125.00

RE: JONIX LLC

Dear Sir or Madam:

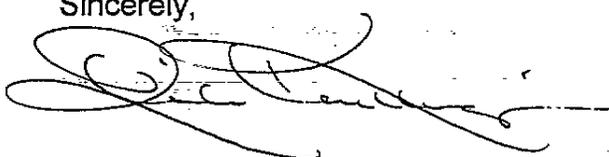
Enclosed are the following in connection with the above-referenced corporation:

1. Original executed Articles of Organization for Florida Limited Liability Company Incorporation; and
2. Our check in the amount of \$125.00.

Please return a copy of the Articles to this office after filing.

Thank you for your consideration in this matter.

Sincerely,



Richard M. "Rick" Knellinger

RMK/cd  
Enclosures (2): as stated above  
cc: Nicholas Lawson

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01 JUN 28 AM 11:36

627/6  
**FILED**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

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

**ARTICLE II - Address:**

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

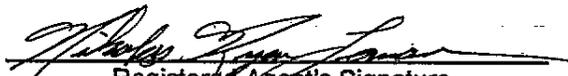
**2777 SW Archer Road, C-365  
Gainesville, Florida 32608**

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

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

Nicholas Ryan Lawson  
Name  
2777 SW Archer Road, C-365  
Florida street address (P.O. Box NOT acceptable)  
Gainesville, Florida 32608  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above state 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.)

  
Nicholas Ryan Lawson

FILED  
01 JUN 28 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA