

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**L010000012250**

The Techpoint, LLC

400004496024--9  
-07/25/01--01082--009  
\*\*\*160.50 \*\*\*160.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2001 JUL 25 PM 2:22

TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name

Date

Time

Walk-In

Will Pick Up

- \_\_\_\_ Art of Inc. File
- \_\_\_\_ LTD Partnership File
- \_\_\_\_ Foreign Corp. File
- ☒ L.C. File
- \_\_\_\_ Fictitious Name File
- \_\_\_\_ Trade/Service Mark
- \_\_\_\_ Merger File
- \_\_\_\_ Art. of Amend. File
- \_\_\_\_ RA Resignation
- \_\_\_\_ Dissolution / Withdrawal
- \_\_\_\_ Annual Report / Reinstatement
- ☒ Cert. Copy
- \_\_\_\_ Photo Copy
- ☒ Certificate of Good Standing
- \_\_\_\_ Certificate of Status
- \_\_\_\_ Certificate of Fictitious Name
- \_\_\_\_ Corp Record Search
- \_\_\_\_ Officer Search
- \_\_\_\_ Fictitious Search
- \_\_\_\_ Fictitious Owner Search
- \_\_\_\_ Vehicle Search
- \_\_\_\_ Driving Record
- \_\_\_\_ UCC 1 or 3 File
- \_\_\_\_ UCC 11 Search
- \_\_\_\_ UCC 11 Retrieval
- \_\_\_\_ Courier

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 25 PM 3:16

APPROVED  
AND  
FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE TECHPOINTE, L.L.C.**ARTICLE II - Address:**

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

8261 BREEZE COVE LANE  
ORLANDO, FL 32819**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ADNAN SATTAR  
Name  
8261 BREEZE COVE LANE  
Florida street address (P.O. Box **NOT** acceptable)  
ORLANDO FL 32819  
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..*

Adnan Sattar  
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)

Adnan Sattar  
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.)

ADNAN SATTAR

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)

01 JUL 25 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAAPPROVED  
AND  
FILED