

CT CORPORATION SYSTEM

CORPORATION(S) NAME

LD100 DD22607

Emaximation, LLC

01 DEC 27 PM 1:53

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

01 DEC 27 AM 11:16

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

- | | | |
|---------------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| | <input type="checkbox"/> Photocopies | |
| <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 _____
W.P. Verifier _____

12/27/01

Order#: 5011167

500004741155--3

Ref#: -12/27/01--01041--003
****125.00 ****125.00

Amount: \$

JD
12-27-01

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

The name of the Limited Liability Company is: EMAXIMATION, LLC

ARTICLE II - Address:

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

1200 South Pine Island Road; Plantation, Florida 33324

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

1200 South Pine Island Road

Plantation, Florida 33324

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.

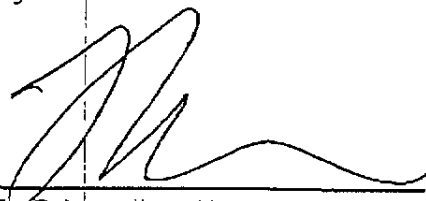
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By: 

Allan Farnell, Vice President

ARTICLE IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


Thomas L. Cohen - Legal Representative

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