



L020000005830

ACCOUNT NO. : 072100000032

REFERENCE : 486112 7293551

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pigute

ORDER DATE : November 28, 2001

ORDER TIME : 10:29 AM

ORDER NO. : 486112-005

CUSTOMER NO: 7293551

500005097485--1

CUSTOMER: Mr. Tim .. Zickus
Mr. Tim Zickus

1336 N Jasmine Ave

Tarpon Springs, FL 34689

DOMESTIC FILING

NAME: INFOSPONGE CONSULTING, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

JB
3/12/02

APPROVED
AND
FILED
02 MAR 12 PM 1:55
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INFOSPONGE CONSULTING, LLC

ARTICLE II - Address:

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

P.O. BOX 938, TARPON, FL 34688-0938

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

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.

Corporation Service Company

By: Deborah D. Skipper
Registered Agent's Signature

Deborah D. Skipper
Asst. V. Pres.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 12 PM 1:55

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AND
FILED

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

Deborah D. Skipper

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.)

DEBORAH D. SKIPPER

Typed or printed name of signee

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)

INFOSPONGE CONSULTING, LLC

MEMBERS LIST

TIMOTHY E. ZICKUS
P.O. BOX 938
TARPON, FL 34688-0938

APPROVED
AND
FILED

02 MAR 12 PM 1:55

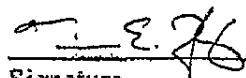
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

sxk

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of INFOSPONGE CONSULTING, LLC, a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 10 day of February 2002


Signature

Timothy E Zickus
Print Name of Signer

WITNESS:


Signature

Becky McKnight
Print Name of Witness

WITNESS:


Signature

Wendy Mair
Print Name of Witness

02 MAR 12 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED