

# CAPITAL CONNECTION, INC.

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

# LO200000 3/66

Poly-Triplex Technologies LLC

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\*\*\*\*160.00 \*\*\*\*155.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

- ☐ 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AL

Signature

Requested by:

Name

Date

Time

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**ARTICLES OF ORGANIZATION**  
**of**  
**POLY-TRIPLEX TECHNOLOGIES, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being a member authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is: Poly-Triplex Technologies, LLC.

**ARTICLE II**  
**ADDRESS**

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

495 St. John Road  
Bonifay, Florida 32425

**ARTICLE III**  
**REGISTERED AGENT, REGISTERED OFFICE**  
**AND REGISTERED AGENT'S SIGNATURE**

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

Thomas Grady Reed, III, P.A.  
4400 East State Road 20, Suite 304  
Niceville, Florida 32578

*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, Florida Statutes.*

Thomas Grady Reed, III, P.A.  
by: Thomas Grady Reed, III, President

  
\_\_\_\_\_  
*Registered Agent's Signature*

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this 28 day of May, 2002.

  
\_\_\_\_\_  
*Signature of 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.)

\_\_\_\_\_  
Ronald A. McNeil  
*Typed or printed name of signer*

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