

# L02000017501

Intellicenter, LLC.  
1919 NE 45<sup>th</sup> Street Suite 222  
Fort Lauderdale, FL 33308

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
850-245-6051

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-07/11/02--01055--011  
\*\*\*130.00 \*\*\*130.00

Dear Sir,

Please find my submission for the Florida LLC attached. As per your requirement, my name, address and daytime phone number follow below.

Dean Ledbetter  
1919 NE 45<sup>th</sup> Street Suite 222  
Fort Lauderdale, FL 33308  
954-958-9911 Office  
954-560-6081 Cell

Please send a certificate of Status to the address above.

Sincerely yours,

  
Dean Ledbetter

*W 7/12*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JUL 11 PM 12:28

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Intellicon, LLC.

## ARTICLE II - Address:

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

1919 NE 45th Street, Suite 222, Fort Lauderdale, FL 33308

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

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

Dean I Ledbetter  
Name  
1919 NE 45th Street Suite 222  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Lauderdale FL 33308  
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.*

[Signature]  
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 therefore, a manager - managed company.

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

[Signature]  
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.)

Dean I. Ledbetter Dean I. Ledbetter  
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) ✓

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