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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS

## LIMITED LIABILITY COMPANY

Show System Integrators LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Show System Integrators LLC**

## ARTICLE II - Address

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

**7913 Courtleigh Drive  
Orlando, FL 32835**

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's signature

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

**Jeffrey P. Bobbin**

Name

**7913 Courtleigh Drive**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Orlando, FL 32835**

(City / State / Zip)

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*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.*

**X**

*Registered Agent's Signature - JEFFREY P. BOBBIN*

## 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

**X**

*Signature of a member or 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. )

**INGA BOBBIN**

Typed or printed name of signee