# 0200018980

ACCOUNT NO. : 072100000032

REFERENCE: 658726

7343414

AUTHORIZATION

ORDER DATE: July 10, 2002

ORDER TIME: 2:54 PM

ORDER NO. : 658726-001

CUSTOMER NO:

7343414

CUSTOMER:

Mr. Michael B. Borgognoni

Mr. Michael B. Borgognoni

2269 S. University Dr. #414

EDD006668956--7

Davie, FL 33324

DOMESTIC FILING

NAME:

DATABYTEL, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

DATABYTEL, LLC

### **ARTICLE II - Address:**

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

9235 ARBORWOOD CIRCLE, DAVIE, FL 33328

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

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

Corporation S	ervice	Company
Nam	e	
1201 На	ys Stre	et
Florida street address (P.O	. Box NO	$\underline{\Gamma}$ 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: Live And Skipper

Registered Agent's Signature

Registered Agent's Signature

Deborah D. Skipper

Asst. V. Pres.

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.

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

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) MANAGING MEMBER OF:

DATABYTEL, LLC

Michael B. Borgognoni Managing Member 2269 S. University Drive #414 Davie, Fl 33324

Print Name of Witness

# 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 Organization of DATABYTEL, LLC (the "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 the State of 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 25 day of 7047, 2002

Marilen Commilly, Notary

Official Seal

N. MARILYN CONNOLLY

Notary Public-State of Florida

Commission Number DD105382

My Commission Exp. April 21, 2006

WITNESS:

WITNESS:

Signature

ANGELA J. HEC MANA

Print Name of Witness