

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 9509254-1  
(Sub Account)

DATE: 9-26-02

REQUESTOR NAME: Lexis Document Services

ADDRESS:

**L02000025272**

TELEPHONE: ( ) ( ) ext ( )

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: MST Wallplugs LLC

DOCUMENT NUMBER:  
(if applicable)

File LLC

RECEIVED  
02 SEP 26 AM 10:15  
DIVISION OF CORPORATION

AUTHORIZATION:

Cynthia J. Woodyard

☐ CERTIFIED COPY (1-9)

☐ CERTIFICATE OF STATUS (1-9)

☒ PLAIN STAMPED COPY

filed

000008046820--0

( ) Call When Ready  
( ☒ ) Walk In  
( ) Mail Out

( ) Call if Problem  
( ) Will Wait

( ) After 4:30  
( ) Pick Up

FILED  
02 SEP 26 PM 1:21  
FBI/DOJ  
FBI/DOJ

9/26/02  
ust

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MST Wallplugs LLC

### ARTICLE II - Address:

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

18011 S. Tamiami Trail #16 - 105, Fort Myers, Florida 33912

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

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

LexisNexis Document Solutions Inc.

Name  
3953 W.W. Kelley Road

Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee, FL 32311

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..*

LexisNexis Document Solutions Inc.

Randee Gileau, Assistant Secretary  
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 is, therefore, a manager - managed company.

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

Randee Gileau, Authorized Representative, LexisNexis Document  
Signature of a member or an authorized representative of a member. Solutions Inc.

(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.)

Randee Gileau, Authorized Representative, LexisNexis Document Solutions Inc.  
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)