

L02000032355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

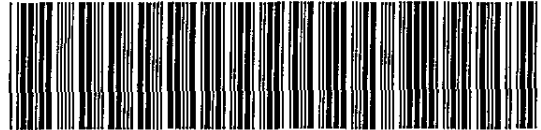
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/25/02--01042--020 **285.00

02 DEC -3 AM 8:38
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A handwritten signature in black ink, appearing to be 'RJR'.

November 14, 2002

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

FILED
02 DEC -3 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Registration with State of Florida Secretary of State

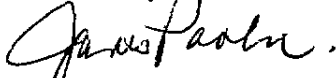
Dear Sir or Madam,

Enclosed are the completed Articles of Organization for the State of Florida and Certificate of Registered Agent. Also enclosed is check payable to the **Florida Department of State** for \$ 285.00 for the combined fees of \$250.00 for Filing Fee for the Articles of Organization and Affidavit; and for \$ 35.00 for the Certificate of Designation of Registered Agent.

I trust this will resolve this registration and a letter of acknowledgment will be issued upon registration.

Should you have any further questions please do not hesitate to contact me at 4573 Roanoak Way Palm Harbor, Florida, 34685 or at 727-939-0128

Sincerely Yours,


Janis Paolini

Enclosures:
Article of Organization
Certificate of Designation
Check

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TECHTRONIXS, LLC

ARTICLE II - Address:

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

4573 ROANOAK WAY
PALM HARBOR, FL 34685

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: 20 YEARS

UNTIL 12/31/2022

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TALLAHASSEE, FLORIDA

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/~~are~~ to serve as manager(s) is/~~are~~:

JANIS PAOLINI
4573 ROANOAK WAY
PALM HARBOR, FL 34685

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/~~are~~:

JANIS PAOLINI
4573 ROANOAK WAY
PALM HARBOR, FL 34685

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: VESTED IN ONE OR MORE MANAGERS AS PROVIDED IN THE LIMITED LIABILITY COMPANY'S OPERATING AGREEMENT.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: VESTED IN ONE OR MORE MANAGERS AS PROVIDED IN THE LIMITED LIABILITY COMPANY'S OPERATING AGREEMENTS.

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TALLAHASSEE, FLORIDA



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JANIS PAOLINI

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: TECHTRONIXS, LLC

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

JANIS PAOLINI

NAME

4573 ROANOAK WAY

Florida street address (P. O. Box NOT ACCEPTABLE)

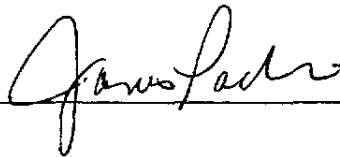
PALM HARBOR

FL

34685

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.



SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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TALLAHASSEE, FLORIDA