0360000095

(Re	equestor's Name)
(Ac	idress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ви	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	1-9-03 Office Use Only 48
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RECEIVED

03 JAN -9 PH 2: 00

DIVISION OF COMPURATION DELABASSEE, FLORIDA



ACCOUNT NO.: 07210000032

REFERENCE: 868289 7361167

AUTHORIZATION :

ORDER D.	ATE :	ū	January	7 9	€,	2003
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ORDER TIME : 10:41 AM

ORDER NO. : 868289-001

CUSTOMER NO: 7361167

CUSTOMER: Mr. Alex J. Kennedy

Mr. Alex J. Kennedy

405 North Halifax #106

Daytona Beach F, FL 32118

DOMESTIC FILING

NAME: AJK TECHNOLOGIES LLC

EFFECTIVE DATE:

	ARTICLES	OF	INC	CORPORATI	ION
	CERTIFICA	ATE	OF	LIMITED	PARTNERSHI
XX	ARTICLES	OF	ORG	ANIZATIO	N

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - EXT. 1147 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
AJK TECHNOLOGIES LLC	·
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ility Company is:
405 North Halifax #106, Daytona Beach, FL 32118	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S	ignature:
The name and the Florida street address of the registered agent are:	O3 JAN
Alex J. Kennedy	N. F.
Name	9 8
405 North Halifax #106	<u> </u>
Florida street address (P.O. Box NOT acceptable)	2: 00 2: 00 SIN
Daytona Beach FL 32118	一一一
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.

Registered Agent's Signature

(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 MEMBERS OF: AJK TECHNOLOGIES LLC

Alex Kennedy 51 Thoreau Road Plymouth, MA 02360

03 JAN -9 PH 2: 00

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 AJK TECHNOLOGIES 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 day of

Signature

WITNESS:

WITNESS:

WITNESS:

Signature

Julie M. Seass

Print Name of Witness

Print Name of Witness