

L03000002284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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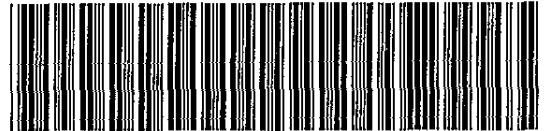
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



ACCOUNT NO. : 072100000032

REFERENCE : 837999 7358791

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 125.00

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 27, 2002

ORDER TIME : 11:16 AM

ORDER NO. : 837999-001

CUSTOMER NO: 7358791

CUSTOMER: Mr. Richard M. Swier
Mr. Richard M. Swier

515 Avenida Del Norte

Sarasota, FL 34242

DOMESTIC FILING

NAME: HOP NETWORKS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Ginger Simmons~~ - EXT. 1114

SARA LEA

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOPS NETWORKS LLC

ARTICLE II - Address:

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

515 AVENIDA DEL NORTE, SARASOTA, FLORIDA 34242

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

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

RICH SWIER

Name

515 AVENIDA DEL NORTE

Florida street address (P.O. Box **NOT** acceptable)

SARASOTA FL 34242

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.

By: RICH SWIER

Registered Agent's Signature

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

Deborah D. Skipper

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)

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TALLAHASSEE, FLORIDA

HOP NETWORKS LLC
MANAGING MANAGER LIST

Rich Swier
515 Avenida Del Norte
Sarasota, Florida 34242

Paul Chren
515 Avenida Del Norte
Sarasota, Florida 34242

Ed Gerhardt
515 Avenida Del Norte
Sarasota, Florida 34242

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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 HOP NETWORKS 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 30 day of December, 2002.

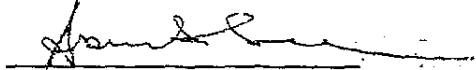


Signature

Rich Swier

Print Name of Signer

WITNESS:



Signature

Assunta Swier

Print Name of Witness

WITNESS:



Signature

Emma Swier

Print Name of Witness

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