

L03000002864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

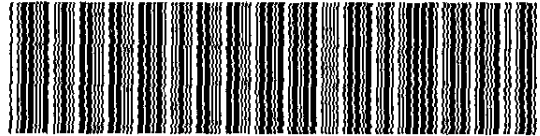
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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032 ..

REFERENCE : 897593 7364054

AUTHORIZATION :

*Patricia Pizant*

COST LIMIT : \$ 125.00

ORDER DATE : January 16, 2003

ORDER TIME : 9:03 AM

ORDER NO. : 897593-001

CUSTOMER NO: 7364054

CUSTOMER: Mr. Dennis P. Misiak  
Mr. Dennis P. Misiak

15908 Amberly Drive

Tampa, FL 33647

STUART HARRY  
TALLAHASSEE, FLORIDA

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NAME: EM2 COMMUNICATIONS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - EXT. 1139

EXAMINER'S INITIALS: \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

EM2 COMMUNICATIONS, LLC

## ARTICLE II - Address:

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

15908 AMBERLY DRIVE, TAMPA, FLORIDA 33647

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

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** 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:

*Deborah D. Skipper*

Registered Agent's Signature

Deborah D. Skipper

Asst. V. Pres.

(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)

EM2 COMMUNICATIONS, LLC

MANAGING MEMBERS

DENNIS P. MISIAK

15908 AMBERLY DRIVE  
TAMPA, FL 33647

KEITH W. MORAN

201 N. CLEVELAND STREET  
ARLINGTON, VA 22201

ROBERT JAROSZ

701 DOC NICHOLS ROAD  
DURHAM, NC 27703

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TALLAHASSEE, FLORIDA

## 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 EM2 COMMUNICATIONS, 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 17<sup>th</sup> day of JANUARY, 2003.



Signature

DENNIS P. MISIAK

Print Name of Signer

WITNESS:



Signature

Sarah L. Misiak

Print Name of Witness

WITNESS:



Signature

JUSTIN P. PUTTNER

Print Name of Witness

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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