

LO3000005817

Norma Heil

(Requestor's Name)

CSC

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

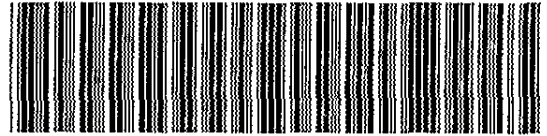
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CSC
1201 HAYS STREET
TALLAHASSEE, FL 32301

CONTACT: Norma Hull

ACCOUNT #: 072100000032

REF#: 932155

AUTHORIZATION: Patricia Pizutto

COST LIMIT: \$ 125.00

ORDER DATE: 2/17/03

ENTITY NAME: BINNEWS, LLC

DOMESTIC FILING

FOREIGN FILING

----- ARTICLES OF INCORPORATION

----- CERTIFICATE OF LIMITED PARTNERSHIP

----- QUALIFICATION

☒ ----- CERTIFICATE OF LLC

----- ARTICLES OF AMENDMENT

PLEASE RETURN

☒ ----- STAMPED COPY

----- CERTIFIED COPY

----- CERTIFICATE OF GOOD STANDING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BINNEWS, LLC

ARTICLE II - Address:

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

1915 Knollcrest Drive, Clermont, Florida 34711-5115

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..

Deborah D. Skipper

Registered Agent's Signature

Deborah D. Skipper
Asst. V. Pres.

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)

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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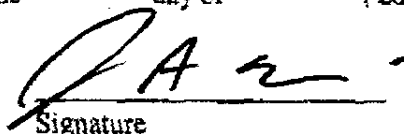
BINNEWS, LLC

Joseph Morganelli - MGRM
6112 Main Street
Centerville, PA 18034

LIMITED POWER OF ATTORNEY

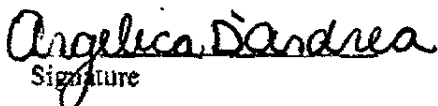
The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of BINNEWS, LLC (the "LLC"), 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 _____, 2003.


Signature

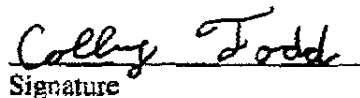
Joseph A. Morgarelli
Print Name of Signer

WITNESS:


Signature

Angelica D'Andrea
Print Name of Witness

WITNESS:


Signature

Colby Todd
Print Name of Witness