

LD300 00 08337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

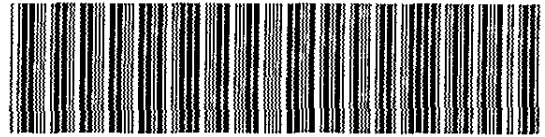
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

3-703



## DataLync Limited

425 Palm Lake Drive  
Pensacola, Florida 32507  
Main: (850) 492-8884 • Toll Free: (800) 728-6657  
Fax/Data: (850) 492-1875  
Home Page: <http://www.datalync.com>  
E-mail: [inbox@datalync.com](mailto:inbox@datalync.com)

March 4, 2003

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

Enclosed are "Articles of Organization for Florida limited Liability Company" along with a check in the amount of one hundred and fifty-five dollars (\$155.00) to cover:

1. \$100.00 Filing Fee for Articles of Organization
2. \$25.00 Designation of Registered Agent
3. \$30.00 Certified Copy

The LLC name is "DataLync LLC" and I may be reached at:

425 Palm Lake Drive  
Pensacola, Florida 32507  
Telephone: (850) 492-8884  
Fax: (850) 492-1875

My personal Email address is:

[paul@datalync.com](mailto:paul@datalync.com)

Thank you.

PAUL R. DENNIS

Enclosures:  
Form  
Check

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DATALYNC LLC

## ARTICLE II - Address:

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

425 PALM LAKE DR PENSACOLA, FL 32507

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

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

PAUL R. DENNIS

Name

425 PALM LAKE DR.

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

PENSACOLA FL 32507

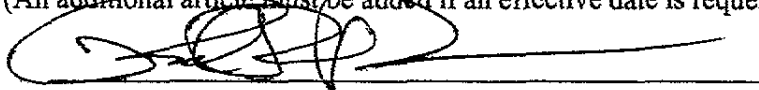
City, State, and Zip

*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.)

PAUL R. DENNIS

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

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