Page I of I

Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

£ (\$50)205-0383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113

Phone : (215)563-8113 Fax Number : (215)977-9386

LIMITED LIABILITY COMPANY

ARJAY ELECTRONICS, LLC

Marketic Plug Maril

COMPONING PURC

Public Account Holp

(((H03000092244 0)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARJAY ELECTRONICS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 8765 Via Tuscany Drive, Boynton Beach, FL 33437

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

T

la street address of the register	red agent are:	
Steven Hasson		
Name		-
8765 Via Tuscany	y Drive	
Florida street address (P.O. 1	Box <u>NOT</u> acceptable)	
Boynton Beach	ит. 33737	
	nd Zip	•
ree to act in this capacity. I fur proper and complete performant my position as refistered age. Registered Agent's ditional article must be added at the facts stated herein are true.)	erther agree to comply with the of my duties, and I ament as provided for in Chapter as Signature if an effective date is required as representative of a memily, Florida Statutes, the executing attenuates of personness of personness of personness of the control of the penalties of personness of the control of the penalties of personness of the control of the penalties of penalti	h the provisions of all familiar with and pter 608, F.S. quested)
f Abor or hitturen us	Title of whice	
	Steven Hasson Name 8765 Via Tuscany Florida street address (P.O. Boynton Beach City, State, as registered agent and to accept place designated in this certifit ree to act in this capacity. I full proper and complete performant f my position as registered age Registered Agent's ditional article must be added accordance with section 608.408(3) this document constitutes an affirmant the facts stated herein are true.) Steven Hasso	Name 8765 Via Tuscany Drive Florida street address (P.O. Box NOT acceptable) Boynton Beach FI 33737 City, State, and Zip registered agent and to accept service of process for the place designated in this certificate, I hereby accept the cree to act in this capacity. I further agree to comply with proper and complete performance of my duties, and I am f my position as registered agent as provided for in Characteristic must be added if an effective date is required as mamber or an authorized representative of a mem accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of p

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)