

L03000014504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

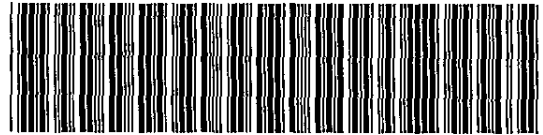
(Business Entity Name)

(Document Number)

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STATE
DIVISION OF
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ADMINISTRATION
TALLAHASSEE, FLORIDA

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L03-14504
ae

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KEVIN ROBERTS

DATE: April 23, 2003

REF. #: 0184.14626

CORP. NAME: CYRIX SYSTEMS, L.L.C.

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 505065 FOR \$ 155

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

FOR

CYRIX SYSTEMS, L.L.C.

ARTICLE I - NAME

The name of the Limited Liability Company is CYRIX SYSTEMS, L.L.C..

ARTICLE II - ADDRESS

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

524 N.W. 87th Way
Coral Springs, FL 33071

ARTICLE III - REGISTERED AGENT.
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

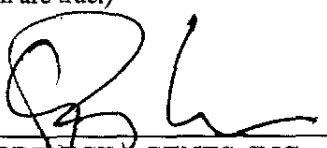
The name and the Florida street address of the registered agent are:

CORPDIRECT AGENTS, INC.
103 N. Meridian Street
Lower Level
Tallahassee, FL 32301

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 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: 
CORPDIRECT AGENTS, INC.
It's Agent, Kevin R. Roberts

(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 herein are true.)

By: 
CORPDIRECT AGENTS, INC.
It's Agent, Kevin R. Roberts
Authorized Representative of a Member

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