

L030000032795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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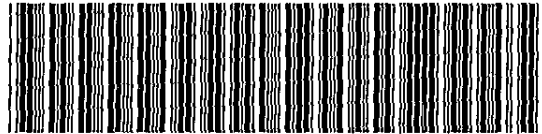
(Business Entity Name)

(Document Number)

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DEPT. OF REVENUE
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK

FILED

03 SEP -2 AM 10:44

TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 224900 4804661

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 155.00

03 SEP -2 AM 10:44
FILED
TALLAHASSEE, FLORIDA

ORDER DATE : August 29, 2003

ORDER TIME : 4:16 PM

ORDER NO. : 224900-005

CUSTOMER NO: 4804661

CUSTOMER: Rita Slager, Legal Assistant
Michael Best & Friedrich LLC

Suite 1900
401 North Michigan Avenue
Chicago, IL 60611-4206

DOMESTIC FILING

NAME: ZOOM CHIP LLC

EFFECTIVE DATE: -

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Zoom Chip LLC

ARTICLE II - Address:

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

Principal Office Address:

4160 Cherry Laurel Drive

Pensacola, Florida 32504

Mailing Address:

4160 Cherry Laurel Drive

Pensacola, Florida 32504

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 32301-2607

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.

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Christopher Johnson

4160 Cherry Laurel Drive

Pensacola, Florida, 32504

MGRM

David Posea

2035 Lanier Heights Drive

Cumming, GA 30041

MGRM

Jerry Wroblewski

15034 Robinwood

Plymouth, MI 48170

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Christopher Johnson, Member

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)

03 SEP -2
TALLAHASSEE, FLORIDA
FILED
NW 10-14-06