

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Sargon-Uniphyd LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **Sargon-Uniphyd LLC**

ARTICLE II - Address

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

Principal Office Address:

1900 S. Harbor City Blvd., Suite 315

Melbourne, FL 32901

Mailing Address:

1900 S. Harbor City Blvd., Suite 315

Melbourne, FL 32901

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Michael W. Hawkins

Name

1900 S. Harbor City Blvd., Suite 315

(P.O. Box or Mail Drop Box NOT Acceptable)

Melbourne, FL 32901

(City / State / 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.

X



Registered Agent's Signature - Michael W. Hawkins

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Michael W. Hawkins - 1900 S. Harbor City Blvd., Suite 315, Melbourne, FL 32901

(Use attachment if necessary)

REQUIRED SIGNATURE:

X



Signature of a member or 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.)

Michael W. Hawkins

Typed or printed name of signee

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FLORIDA

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