

L 04000048939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600038306216

06/30/04--01007--013 **155.00

RECEIVED
04 JUN 30 AM 10:16
DIVISION OF CORPORATION

FILED
04 JUN 30 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP

6/30 (3)

☒ CERTIFIED COPY

CUS

PHOTO COPY

FILING

LLC

FILED
04 JUN 30 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.) Cona USA, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

**ARTICLES OF ORGANIZATION
OF
CONA USA, LLC,
A LIMITED LIABILITY COMPANY**

FILED
04 JUN 30 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I
Name**

The name of the Limited Liability Company is CONA USA, LLC.

**ARTICLE II
Company Address**

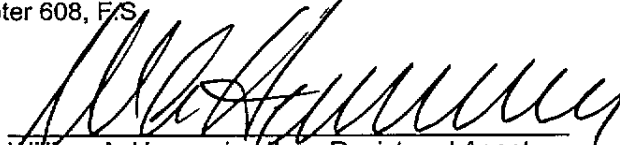
The mailing address and street address of the principal office of the Limited Liability Company is 100 W. Livingston Street, Orlando, Florida 32801.

**ARTICLE III
Registered Agent, Registered Office and Signature of Registered Agent**

The name and the Florida street address of the registered agent of the Limited Liability Company is:

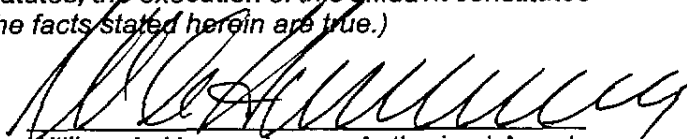
William A. Harmening II
100 W. Livingston Street
Orlando, FL 32801

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, and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


William A. Harmening II, as Registered Agent

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 27th day of June, 2004, which shall be effective upon filing with the Florida Secretary of State.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


William A. Harmening, as Authorized Agent