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REFERENCE: 856557

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AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: August 20, 2004

ORDER TIME : 2:59 PM

ORDER NO. : 856557-005

CUSTOMER NO: 7165057

CUSTOMER: Brenda S. Wolcott

Brooks Hermelee Geffin,

Atorneys At Law

Suite 1135

25 Southeast 2nd Avenue

Miami, FL 33131

#### DOMESTIC FILING

NAME:

SPHYRNA TECHNOLOGIES, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

#### ARTICLES OF ORGANIZATION

#### **OF**

## SPHYRNA TECHNOLOGIES, LLC

#### ARTICLE I

The name of the Limited Liability Company shall be:

# SPHYRNA TECHNOLOGIES, LLC



## ARTICLE II

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

Principal Office Address:

Mailing Address:

Sphyma Technologies, LLC 3801 South Ocean Drive, Suite PHK Hollywood, Florida 33019 Sphyrna Technologies, LLC 3801 South Ocean Drive, Suite PHK Hollywood, Florida 33019

#### <u>ARTICLE III</u>

The name and the Florida street address of the registered agent shall be:

Bruce G. Hermelee c/o Brooks Hermelee Geffin, L.L.C. 25 S.E. 2nd Avenue Suite 1135 Miami, Florida 33131

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 company 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, Florida Statutes.

Bruce G. Hermelee

# ARTICLE IV

The name and address of the initial manager is as follows:

Mario Stocco c/o Sphyrna Technologies, LLC 3801 South Ocean Drive, Suite PHK Hollywood, Florida 33019

Required signature:

Bruce G. Hermelee, Authorized Representative