

LO4 000089378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

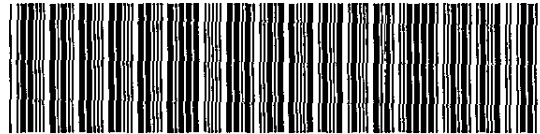
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RECEIVED
04 DEC 10 PM 2:59
TALLAHASSEE, FLORIDA

FILED
04 DEC 10 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
INSTANTINPUT, LLC**

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company is INSTANTINPUT, LLC ("Company").

ARTICLE II

The mailing address and street address of the principal place of business of the Company is 2016 Ermine Drive, Tallahassee, Florida 32308. The Company may at its discretion, at any time, change the address of its principal place of business.

ARTICLE III

The name and street address of the initial registered agent of this Company is Jon C. Moyle, Jr., Esquire, 118 N. Gadsden Street, Tallahassee, Florida 32301.

ARTICLE IV

The management of this Company shall be vested in its managing member. The name and mailing address of the managing member is as follows: Michael Eudy, whose address is 2016 Ermine Drive, Tallahassee, Florida 32308.

ARTICLE V

This limited liability company shall have the perpetual existence from the date of filing these Articles with the Department of State unless sooner terminated by law.

FILED
04 DEC 10 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto subscribed my name this ____ day of
December, 2004.

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.

By:


Jon C. Moyle, Jr.

Title: Authorized Representative

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 10th day of December, 2004,
by Jon C. Moyle, Jr., authorized agent for INSTANTINPUT, LLC, who is personally known to
me, OR has produced _____ as identification.

NOTARY STAMP

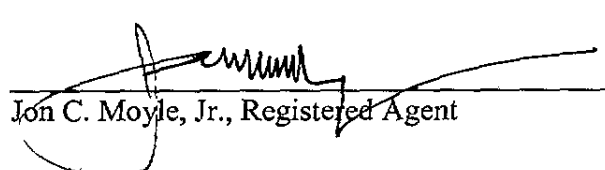



Notary Public

Name: Michelle L. Fontaine

Notary Public Serial (Commission) Number
(If any) DD008943

*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 of registered agent for
INSTANTINPUT, LLC as provided for in Chapter 608, F.S.*


Jon C. Moyle, Jr., Registered Agent

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By: [Signature]
Jon C. Moyle, Jr.
Title: Authorized Representative

STATE OF FLORIDA)
COUNTY OF LEON)

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NOTARY STAMP



[Signature]
Notary Public

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[Signature]
Jon C. Moyle, Jr., Registered Agent