

L05000015041

(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



000045793060

02/07/05--01061--016 \*\*160.00

2005 FEB -7 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**TRANSMITTAL LETTER**

To: Registration Section, Limited Liability Company, Division of Corporations

The enclosed Articles of Organizaition and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CODISCO LLC  
700 Codisco Way  
Sanford, Florida 32771

For further information concerning this matter, please call:

Roger A. Rue (407) 330-6109

FILED

2005 FEB -7 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
CODISCO LLC**

The undersigned subscriber to this Limited Liability Company, a natural person competent to contract, hereby forms a LLC under the laws of the State of Florida.

**ARTICLE I. NAME**

The name of this LLC shall be: CODISCO LLC

**ARTICLE II. MAILING ADDRESS OF LLC**

The principal place of business and mailing address of this LLC shall be:  
CODISCO LLC  
700 Codisco Way  
Sanford, Florida 32771

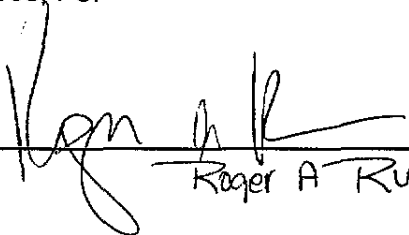
**ARTICLE III. REGISTERED AGENT**

The street address of the registered office of the LLC shall be:  
700 Codisco Way  
Sanford, Florida 32771

The name of the registered agent of the LLC shall be:  
Roger A. Rue

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, FS.

Signature of registered agent

  
\_\_\_\_\_  
Roger A Rue

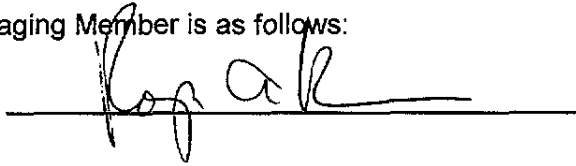
FILED  
2005 FEB -7 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV. MANAGER/MANAGING MEMBER**

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

Roger A. Rue            MGR  
1780 Otisco Way  
Winter Springs, FL 32708

Signature:



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.)

Roger A. Rue  
\_\_\_\_\_  
Typed or printed name of signee

2005 FEB -7 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED