

Jun 27 05 10:12 PM
Division of Corporations

Parcorp Services, Ltd.

800-398-0461

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Florida Department of State
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Division of Corporations
Fax Number : (850) 205-0303

Account Name : PARCORP SERVICES, LTD.
Account Number : 119990000011 119990000011
Phone : (800) 603-2533 800-603-2533
Fax Number : (800) 398-0461 800-398-0461

LIMITED LIABILITY COMPANY

BIAX TECHNOLOGY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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L206/28/05

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BIAX TECHNOLOGY, LLC**ARTICLE II - Address:**

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

Principal Office Address:392 DAVINCI PASS
POINCIANA, FL 34759**Mailing Address:**392 DAVINCI PASS
POINCIANA, FL 34759**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

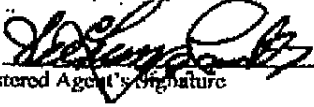
HEE C. PARK

Name

392 DAVINCI PASSFlorida street address (P.O. Box NOT acceptable)POINCIANA, FL 34759

City, State, and 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..


Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" - Manager

"MGRM" - Managing Member

Name and Address:MGRMHEE C. PARK392 DAVINCI PASSPOINCIANA, FL 34759

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**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.)

DAVID L. SURINA, ORGANIZER

Typed or printed name of signer

Filing Fees:\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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