L05000063459

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000156668 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0382

From:
Account Name : PARCORP SERVICES, LTD.
Account Number : I19990000011 I19990000011
Phone : (800)603-2533 800-603-2533
Fax Number : (800)398-0461 800-398-[redacted]0461

RECEIVED
05 JUN 27 PM 12:17
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

BIAX TECHNOLOGY, LLC

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

FILED
05 JUN 27 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Public Access Help

L 06/28/05

(((H05000156668 3)))

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:	**Mailing Address:**
392 DAVINCI PASS POINCIANA, FL 34759	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 PASS
Florida 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

FILED
05 JUN 27 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

(((H05000156668 3)))

(((H05000156668 3)))

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" – Manager "MGRM" - Managing Member	
MGRM	HEE C. PARK 392 DAVINCI PASS POINCIANA, 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 signee

FILED
05 JUN 27 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

(((H05000156668 3)))