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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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B. McKnight JUN 0 6 2006

COVER LETTER

TO:	Registration Se Division of Co				
SUBJI	ECT: Fonor	n Display & Semicondu	ctor Systems	,LLC	
		(Name of Limite	d Liability Compa	any)	_
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	ζ.	
Please	return all corresp	ondence concerning this matte	r to the following	;	
		Dmitri N	ikitin		
		O	Name of Person)		
		Fonon Technology		al,Inc	
		(Firm/Company)		
	3217 Yatti	ka PL		<u></u>	
			(Address)		
	Longwood	I, FL 32779			
		(City	State and Zip Code	:)	
For fur	ther information	concerning this matter, please	call:		
Dmite	ri Nikitin		at (321	946-712	9
	(Name	of Person)		e & Daytime T	elephone Number)
Enclos	sed is a check fo	or the following amount:			
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporatio uilding ecutive Center ee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	EFFECTIVE DATE
The name of the Limited Liability Company is:	06-01-06
Fonon Display & Semiconductor Systems,LLC	·
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3217 Yattika PL	3217 Yattika PL
Longwood, FL 32779	Longwood, FL 32779
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Dmitri Nikiti	i n
Name	
3217 Yattika PL	
	ress (P.O. Box NOT acceptable)
Longwood	FL 32779
City, State, ar	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registed.	accept service of process for the above stated limited his certificate, I hereby accept the appointment as i. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	
Page 1 of 2	

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

Title:

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

Name and Address:

MGR	Dmitri Nkitin
	3217 Yattika PL
	Longwood, FL 32779
MGRM	Fonon Technology International,Inc
	41 Skyline Drive
	Lake Mary, FL 32746
(Use attachment if nece	ary)
	ther than the date of filing: June 1st, 2006. (OPTIONAL) date must be specific and cannot be more than five business days
LE V: Effective date, if fective date is listed, the days after the date of th	ther than the date of filing: June 1st, 2006 . (OPTIONAL date must be specific and cannot be more than five business days ng.) RE:
LE V: Effective date, if fective date is listed, the days after the date of th	ther than the date of filing: June 1st, 2006. (OPTIONAL date must be specific and cannot be more than five business days ng.) RE:
LE V: Effective date, if fective date is listed, the days after the date of the REQUIRED SIGNAT Signation (In according to this of this signature)	ther than the date of filing: June 1st, 2006. (OPTIONA date must be specific and cannot be more than five business daying.) RE:

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)