## Florida Department of State

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## UsenetJunkie LLC

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FAX AUDIT# HOLDONS 93063

## ARTICLES OF ORGANIZATION OF UsenetJunkie LLC

**ARTICLE I** 

NAME

The name of the limited liability company shall be: UsenetJunkie LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 12724 Spring Run, Clermont, Florida 34711.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Joseph Morganelli, 12724 Spring Run, Clermont, Florida 34711. Located in the County of Lake.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Joseph Morganelli, 12724 Spring Run, Clermont, Florida 34711

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # HOLOOO1593043

FILED

HALOCO1593013 FAX AUDIT#

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: UsenetJunkie LLC

The name and address of the registered agent and office is Joseph Morganelli, 12724 Spring Run, Clermont, Florida 34711. Located in the County of Lake.

Having been named as registered agent and to accept service of process for the above stated 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.

Date: 6/14/2006

Signature: 4

Joseph Morganelli

State of Florida)

County of Lake)

Subscribed and sworn (or af-

firmed) to before me

by longob 1

here KP20 We who

I is personally known to me

Poroduced Flore as identification H625481742120 NOTARY PUBLIC-STATE OF FLORIDA

Melody Cosme Commission # DD456053 Expires: JULY 31, 2009

Bonded Thru Atlantic Bonding Co., Inc.

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