

L060000 665 70

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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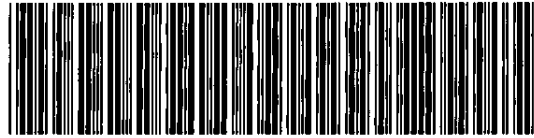
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 220123 8739A

AUTHORIZATION :

COST LIMIT : \$ 125.00

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TALLAHASSEE, FLORIDA

ORDER DATE : June 30, 2006

ORDER TIME : 3:21 PM

ORDER NO. : 220123-005

CUSTOMER NO: 8739A

DOMESTIC FILING

NAME: PLEXUS CAPITAL, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
PLEXUS CAPITAL, LLC**

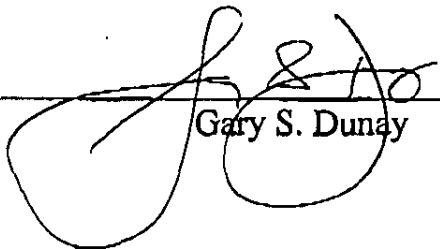
Article I - Name: The name of the Limited Liability Company is Plexus Capital, LLC.

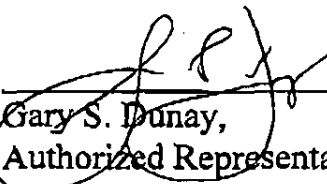
Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 16177 Bridlewood Circle, Delray Beach, Florida 33445.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Gary S. Dunay  
5355 Town Center Road, Suite 801  
Boca Raton, Florida 33486

Having been named as registered agent and to accept service of process of 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.

  
\_\_\_\_\_  
Gary S. Dunay

  
\_\_\_\_\_  
Gary S. Dunay,  
Authorized Representative

(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.)