Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : HENDRY, STONER, CALANDRING & BROWN, P.A.

Account Number : 120000000241 : (407)843-5880

Fax Number : (407)425-7905

PARADOX MANUFACTURING SERVICES, LLC Certificate of Status 0	
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Certificate of Status	
Certified Copy	1
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H060001983133

ARTICLES OF ORGANIZATION

OF

PARADOX MANUFACTURING SERVICES, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "PARADOX MANUFACTURING SERVICES, LLC."

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company are 5638 Bay Side Drive, Orlando, Florida 32819.

ARTICLE III — Registered Agent:

The name and the Florida street address of the initial registered agent are: Hendry, Stoney, Calandrino & Brown, P.A. at 20 N. Orange Avenue, Suite 600, Orlando, Florida 32801.

ARTICLE IV — Management:

The Company is to be managed by a manager or managers, and the initial manager is:

Barbara D. Gross 5638 Bay Side Drive Orlando, Florida 32819

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 7th day of August, 2006.

G. Steven Brown, Authorized Representative of the Member

H06000198313 3

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

- (1) The name of the limited liability company is PARADOX MANUFACTURING SERVICES, LLC.
- (2) The name and address of the registered agent and office is Hendry, Stoner, Calandrino & Brown, P.A., 20 North Orange Avenue, Suite 600, Orlando, Florida 32801.

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

Dated: August 7, 2006

Hendry, Staner, Calandrino & Brown, P.

5