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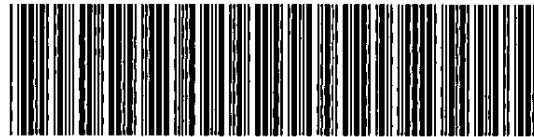
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

DEC 23 2008

EXAMINER

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Pixel Technology  
Consultants LLC

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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

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Name

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# ARTICLES OF ORGANIZATION FOR

## Pixel Technology Consultants LLC

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TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

### ARTICLE I: NAME

The name of the company is **Pixel Technology Consultants LLC**

### ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **2225 E. Edgewood Dr., Lakeland, Florida, 33803.**

### ARTICLE III: MANAGEMENT

The company will be a member managed Limited Liability Company.

## **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Max Cohen, 2225 E. Edgewood Dr., Lakeland, Florida, 33803.**

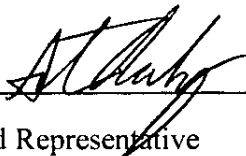
## **ARTICLE V: MANAGING MEMBER**

The name and address of the initial Manager of the company is:

**Max Cohen, Managing Member, 2225 E. Edgewood Dr., Lakeland, Florida, 33803.**

The undersigned has executed these Articles of Organization this 22<sup>nd</sup> day of December 2008.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"

  
\_\_\_\_\_  
Authorized Representative

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: Pixel Technology Consultants, LLC

2. The name and address of the registered agent and office is: \_\_\_\_\_

2225 E. EDGEWOOD DR.  
LAKELAND, FL. 33803

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.

