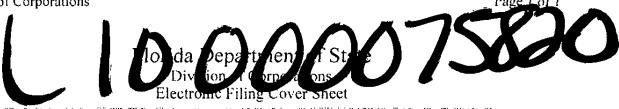
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001642793)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUMMINGS & LOCKWOOD

Account Number : 102336001100

Phone : (239)649-3154 Fax Number : (239)430-3358

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CLASP@CL-LAW.COM

#### FLORIDA LIMITED LIABILITY CO. Quadplex, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

JUL 20 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H10000164279 3

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF QUADPLEX, LLC

ARTICLE I Name

The name of this Limited Liability Company is QUADPLEX, LLC (the "Company").

ARTICLE II
Address

The mailing address and street address of the principal office of the Company are:

13500 Powers Court Fort Myers, FL 33912

ARTICLE III
Purpose

The purpose for which this limited liability company is organized is for any and all lawful business as a limited liability company.

ARTICLE IV

<u>Duration</u>

The period of duration for the Company is perpetual.

ARTICLE V
Registered Office and Agent

The name and the Florida street address of the registered agent are:

CLASP Inc. 3001 Tamiami Trail North, Suite 400 Naples, FL 34103

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

H10000164279 3

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

William N. Horowitz, Vice President

### ARTICLE VI Management

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and address of the initial managers of the Company are:

Nancy L. Dwyer and Theresa Montero 13500 Powers Court Fort Myers, Fl. 33912

## ARTICLE VII <u>Limitation on Agency Authority of Members</u>

Pursuant to Section 608.4235, Florida Statutes, no member of the Company shall be an agent of the Company for the purpose of its business solely by virtue of being a member and no member may bind the Company by taking any action solely by virtue of being a member.

#### ARTICLE VIII Written Operating Agreement

Any Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members or managers of the Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Company, as amended and in existence from time to time.

Dated this 19th day of July, 2010.

William N. Horowitz,

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.)

2654778\_1.doc 7/13/2010