

L10000 113856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

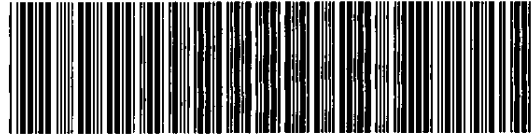
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR
NOV - 2 2010
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 1 AM 9:55

BRENNAN, MANNA & DIAMOND
ATTORNEYS & COUNSELORS AT LAW

BONITA SPRINGS OFFICE
3301 Bonita Beach Road, Suite 100
Bonita Springs, Florida 34134
Telephone 239-992-6578
Facsimile 239-992-9328

AKRON OFFICE
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Akron, Ohio 44308
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Facsimile 330-253-1977

JACKSONVILLE OFFICE
800 West Monroe Street
Jacksonville, Florida 32202
Telephone 904-366-1500
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Shannan L. Mullenix
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VIA FEDEX DELIVERY
Tracking No.: 794064127209

October 29, 2010

Registration Section
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

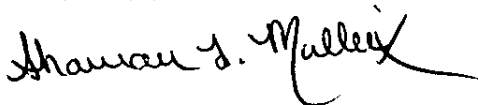
RE: LXD Research & Displays, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for the above-referenced entity, along with the check in the amount of \$125.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions you may have.

Very truly yours,



Shannan L. Mullenix
Paralegal

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 1 AM 9:55

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DIVISION OF CORPORATIONS
10 NOV - 1 AM 9:55

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LX D Research & Displays, LLC
Name of Limited Liability Company

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 NOV - 1 AM 9:59

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lee S. Walko
Name of Person

Brennan, Manna & Diamond, LLC
Firm/Company

75 East Market Street
Address

Akron, OH 44240
City/State and Zip Code

lswalko@bmdllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lee S. Walko at (330) 253-2748
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
NOV - 1 AM 9:55

ARTICLE I - Name:

The name of the Limited Liability Company is:

LXD Research & Displays, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

159 South Main Street, Suite 500
Akron, Ohio 44308

159 South Main Street, Suite 500
Akron, Ohio 44308

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BMD Florida Service, LLC

Name

800 West Monroe Street

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32202

City, State, and Zip

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



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

LXD Holdings, LLC

159 South Main Street, Suite 500

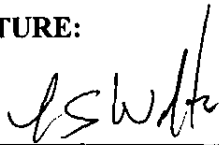
Akron, Ohio 44308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lee S. Walko

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)