

L110000122986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

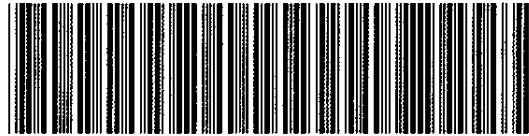
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OCT 28 2011

EXAMINER



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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 961404 5011226

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED STATE
SECRETARY OF CORPORATIONS
11 OCT 28 PM 1:12

ORDER DATE : October 28, 2011

ORDER TIME : 10:10 AM

ORDER NO. : 961404-005

CUSTOMER NO: 5011226

DOMESTIC FILING

NAME: ONE RESONANCE SENSORS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

ONE RESONANCE SENSORS, LLC

ARTICLE II - Address:

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

Mailing Address

201 TECH DRIVE
SANFORD, FL 32771

Principal Office Address

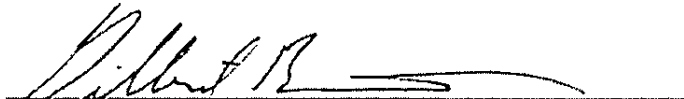
201 TECH DRIVE
SANFORD, FL 32711

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

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

GILBERT C. BARRETT, JR.
201 TECH DRIVE
SANFORD, FL 32771

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

Article IV – Manager(s) or Managing Member(s):

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company. The name and address of each initial Manager is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	GILBERT C. BARRETT, JR. 201 TECH DRIVE SANFORD, FL 32771
MGR	GREG HOLIFIELD 201 TECH DRIVE SANFORD, FL 32771
MGR	PABLO J. PRADO 201 TECH DRIVE SANFORD, FL 32771

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AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

GILBERT C. BARRETT, JR.

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)