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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

EXAMINER

DEC 27 2011

L. SELLERS

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

Email Address: _____

L. SELLERS

DEC 27 2011

EXAMINER

FLORIDA LIMITED LIABILITY CO.
SONAPY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Help

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ARTICLES OF ORGANIZATION FOR A FLORIDA
LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is:

SONAPY, LLC

A wireless electronics and media company

ARTICLE II
ADDRESS

The mailing address and street address of the principal address is:

1181 Wilshire Circle East, Pembroke Pines, Florida 33027

ARTICLE III
REGISTERED AGENT/REGISTERED OFFICE AND REGISTERED AGENT'S
SIGNATURE

The name and Florida street address of the Registered Agent is:

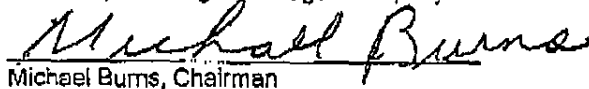
Richard Burns, Esquire, 1181 Wilshire Circle East Pembroke Pines, Florida 33027

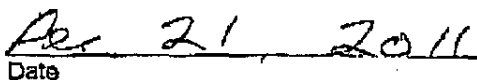
Having been named as registered agent and to accept service of process for the above Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes 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 Florida Statute, Chapter 608.


Richard Burns, Esquire, Registered Agent

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.


Michael Burns, Chairman


Date

In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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