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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Prospect Capital Q2		Tabilities Communication	W. I. C. Y. and I. C. Y.		
(Must cor	ntain the words "Limited L	nability Company,	"L.L.C., or "LLC. )		
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limited	Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Address:		
1991 Industrial Driv	ve		Industrial Drive		
DeLand, FL 32724		Del	DeLand, FL 32724		
	у cannot serve as its own F	k Registered Agent. \		or	
	y cannot serve as its own F active Florida registration	& Registered Agent. \ Registered Agent. \ 1.)	it's Signature:		DIV
(The Limited Liability Compan another business entity with an	y cannot serve as its own F active Florida registration t address of the registered a	k Registered Agen Registered Agent. \ i.) agent are:	it's Signature:		DIVISIO
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(The Limited Liability Compan another business entity with an	y cannot serve as its own F active Florida registration address of the registered a Registered Agent Solu	& Registered Agent. Name	it's Signature:	22 NOV 10	DIVISION OF COS
(The Limited Liability Compan another business entity with an	y cannot serve as its own F active Florida registration address of the registered a Registered Agent Solu	& Registered Agent. Name  Registered Agent. Name  Suite A	nt's Signature: You must designate an individual	22 NOV 10 FH	DIVISION OF COSEC.
(The Limited Liability Compan another business entity with an	y cannot serve as its own Factive Florida registration address of the registered a Registered Agent Solu	& Registered Agent. Name  Registered Agent. Name  Suite A	nt's Signature: You must designate an individual	22 NOV 10	DIVISION NO REISIAID

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 605, F.S..

Mackenzie Hart, Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Michele Zahn
AWIBK	1991 Industrial Drive
	DeLand, FL 32724
	Z. 3
AMBR	Richard Zahn 1991 Industrial Drive
	DeLand, FL 32724
AMBR	MZF Trust
	1991 Industrial Drive
	DeLand, FL 32724
	MZF Trust 1991 Industrial Drive DeLand, FL 32724  Co. Science of the control of t
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n effective date is listed, the date mus late of filing.)	the date of filing: (OPTIONAL)  st be specific and cannot be more than five business days prior to or 90 days after  es not meet the applicable statutory filing requirements, this date will not be listed artiment of State's records.
REQUIRED SIGNATURE:	
	ia R. Fitzgerald, Esq
Signature This document is I am aware that a	of a member of an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes. my false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
Signature This document is I am aware that a constitutes a third	s executed in accordance with section 605.0203 (1) (b), Florida Statutes.  Iny false information submitted in a document to the Department of State

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)