

# L9500000328

ENTER/SELECTION AND <CR>FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING CONFIRMATION

4:33 PM

YOU HAVE REQUESTED TO SUBMIT THE FOLLOWING DOCUMENT:

TYPE: EFIL07  
CORPORATE NAME: INTETECH, L.C.

SUB-ACCOUNT NUMBER:  
METHOD OF DELIVERY: F  
FAX PHONE NUMBER: (904) 359-8700  
MAILING NAME/ADDRESS: FOLRY & LARDNER  
200 LAURA ST  
JACKSONVILLE

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
FL 32202-194

CERTIFICATE(S) REQUESTED: NO  
ESTIMATED CHARGES: \$337.50

IF THE ABOVE INFORMATION IS CORRECT, AND YOU WOULD LIKE TO HAVE THE ACCOUNT  
CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS ENTER 'N'.

ENTER/SELECTION AND <CR>FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET  
TO: DIVISION OF CORPORATIONS FROM: FOLEY & LARDNER  
DEPARTMENT OF STATE 200 LAURA ST  
STATE OF FLORIDA

4:33 PM

409 EAST GAINES STREET JACKSONVILLE FL 32202-194  
TALLAHASSEE, FL 32399  
FAX: (904) 922-4000 CONTACT: KAREN PETERSON  
PHONE: (904) 359-2000  
FAX: (904) 359-8700

((H95000004816)) DOCUMENT TYPE: LIMITED LIABILITY COMPANY

NAME: INTETECH, L.C.  
FAX AUDIT NUMBER: H95000004816

DATE REQUESTED: 04/28/1995

CERTIFIED COPIES: 1

NUMBER OF PAGES: 4

ESTIMATED CHARGE: \$337.50

CURRENT STATUS: REQUESTED

TIME REQUESTED: 16:33:32

CERTIFICATE OF STATUS: 0

METHOD OF DELIVERY: FAX

ACCOUNT NUMBER: 072720000061

Note: Please print this page and use it as a cover sheet when submitting  
documents to the Division of Corporations. Your document cannot be processed  
without the information contained on this page. Remember to type the Fax Audit  
number on the top and bottom of all pages of the document.

((H95000004816))

\*\* ENTER 'M' FOR MENU. \*\*

4:33 PM

ENTER/SELECTION AND <CR>FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC PROCESSING MENU

1. ENTER PASSWORD
2. REQUEST ELECTRONIC FILING
3. REQUEST ELECTRONIC CERTIFICATE
4. ALTER DEFAULTS FOR THIS SESSION
5. RESTORE ORIGINAL DEFAULTS
6. ELECTRONIC FILING INQUIRY MENU
7. UCC ELECTRONIC FILING MENU

--KEY--  
PASSWORD/NEWPASSWORD  
DOCUMENT TYPE  
CORPORATE DOCUMENT NUMBER  
\*\*\* NO KEY \*\*\*  
\*\*\* NO KEY \*\*\*  
\*\*\* NO KEY \*\*\*  
\*\*\* NO KEY \*\*\*

293-19493

6135 10 10 10 10

04-20-1995 05:17PM

FOLEY LARDNER/JACKSONVILLE

9043598700 P.01

**FOLEY & LARDNER**

POST OFFICE BOX 340  
JACKSONVILLE, FLORIDA 32201-0240  
THE GREENLEAF BUILDING  
300 LAURA STREET 32201-3820  
TELEPHONE (904) 359-2000

ORLANDO, FLORIDA  
TALLAHASSEE, FLORIDA  
TAMPA, FLORIDA  
WEST PALM BEACH, FLORIDA

MILWAUKEE, WISCONSIN  
MADISON, WISCONSIN  
CHICAGO, ILLINOIS  
WASHINGTON, D.C.  
ALEXANDRIA, VIRGINIA  
ANNAPOLIS, MARYLAND

**FACSIMILE TRANSMISSION**

TO: Florida Division of Corporations

FAX NO.: (904)922-4000

FROM: Migdalia Figueroa

FAX NO.: (904) 359-0509

DATE: April 28, 1995

TIME: 4:08pm

NO. OF PAGES (including this page): 2 6

MESSAGE: *Re: Cert. of Org. of Antitack, L.C.*

OPERATOR: MF

FILE NO.: 66129/104

IF YOU DO NOT RECEIVE ENTIRE FAX TRANSMISSION,  
PLEASE CALL US AS SOON AS POSSIBLE AT (904) 359-2000

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. This message may be an attorney-client communication, and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.

**ARTICLES OF ORGANIZATION  
OF  
INTETECH, L.C.**

FILED  
SECRETARY - 1 PM 12:35  
ALLENSEE, FLORIDA

1. Name and Principal Place of Business. This limited liability company, organized pursuant to Chapter 608, Florida Statutes, shall be known as Intetech, L.C. Its mailing address and its principal office shall be located at 7077 Bonneval Road, Suite 450, Jacksonville, FL 32216.
2. Commencement and Duration of Existence. This limited liability company shall exist perpetually from the date of its commencement, which shall be the date of filing of these Articles with the Florida Secretary of State, and terminate in the manner provided by law, or as provided in the regulations adopted by the members.
3. Purposes and Powers. This limited liability company is organized for all lawful purposes and shall have all powers now or hereafter granted to limited liability companies under the Florida Statutes.
4. Office and Registered Agent. The name and address of the initial registered agent for the Company in the state of Florida are:  
  
Lester N. Garripoe  
7077 Bonneval Road  
Suite 450  
Jacksonville, FL 32216
5. Admission of Additional Members. Additional members may not be admitted except as provided in the regulations adopted by the members.
6. Continuation of Business. Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company, or the occurrence of any of the other events specified in Fla. Stat. Section 608.441(1) which causes the dissolution of the Company, unless the dissolution of the Company is a consequence of a unanimous written agreement of all members, the remaining members, if there are at least two remaining members, may vote within ninety (90) days following knowledge by the Company of such event whether or not to continue to conduct the affairs of the Company. The affirmative vote or written consent of a majority in interest (measured by their percentage interests in profits and losses absent special allocations) of the remaining members shall be required to continue the business of the Company.

Prepared by: Linda Y. Kelso, Fla. Bar No. 298662  
Foley & Lardner  
200 Laura Street, Jacksonville, FL 32202  
904/359-2000

Fax Audit No. H95000004816

7. **Management.** The limited liability company is to be managed by one manager. The name and address of the initial manager who is to serve until the first annual meeting of members or until its successor is elected and qualified are as follows:

Integroup, Inc.  
7077 Bonneval Road  
Suite 450  
Jacksonville, FL 32216

IN WITNESS WHEREOF, the undersigned incorporator, who is a member, has executed, subscribed to and acknowledged these Articles of Organization this 28th day of April, 1995.

INTEGROU, INC.

By: \_\_\_\_\_

Lester N. Garripos, Vice President  
7077 Bonneval Road  
Suite 450  
Jacksonville, Florida 32216

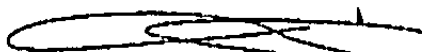
FILED  
55 MAY -1 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JACKSONVILLE  
04/20/95 2:47pm 10706

## ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above stated limited liability company, at the place designated in the above Articles of Organization, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and I accept the obligations of a registered agent.

## REGISTERED AGENT



Lester N. Garripee, Registered Agent

Date: April 24th, 1995

## AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF DUVAL

In compliance with Florida Statutes Section 608.407(2), the undersigned member of Intutech, L.C. depose and state:

1. The limited liability company identified above has at least two members.
2. No cash has been contributed yet by the members.
3. No other property is being contributed by the members.
4. The total amount of cash anticipated to be contributed by the members is \$1,000.

IN WITNESS WHEREOF, the undersigned have executed this Affidavit this 28th day of April, 1995.

INTEGROU, INC.

By: 

Lester N. Garripce, Vice President

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 28th day of April, 1995, by Lester N. Garripce, the Vice President of Integrou, Inc., a Florida corporation, on behalf of the corporation. Such person did take an oath and: (notary must check applicable box).

☒ is personally known to me.

☐ produced a current Florida driver's license as identification.

☐ produced \_\_\_\_\_ as identification.

{Notary Seal must be affixed}



OFFICIAL SEAL  
VALERIE M. MARTIN  
My Commission Expires  
March 15, 1997  
Comm. No. CO 266321

Valerie M. Martin  
Signature of Notary

Valerie M. Martin  
Name of Notary (typed, Printed or Stamped)

Commission Number (if not legible on seal): CO 266321

My Commission Expires (if not legible on seal): MARCH 15, 1997

FILED  
95 MAY -1 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2nd NOTICE:**

Limited Liability Company Will Be Dissolved On Or  
After August 21, 1996. If Dissolved, Minimum Amount  
Due To Reinstatement: \$738.75

APPROVED  
AND  
FILED


96 SEP 11 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600001355708

-09/25/96--01007--001

\*\*\*\*263.75 \*\*\*\*263.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 263.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L95000000328
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INTETECH, L.C.  
7077 BONNEVAL ROAD  
SUITE 450  
JACKSONVILLE FL 32216

1a. Principal Place of Business Address  7077 BONNEVAL ROAD SUITE 450 JACKSONVILLE FL 32216
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/01/1995	FL
City & State		City & State		4. FEI Number 69-3310589	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/>

7. Name and Address of Current Registered Agent  GARRIPEE, LESTER N 7077 BONNEVAL ROAD SUITE 450 JACKSONVILLE FL 32216		8. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____	DATE _____
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>	

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	INTEGROUP INC.,	7077 BONNEVAL ROAD, SUITE	JACKSONVILLE FL

600001355708  
-09/25/96--01007--001  
\*\*\*\*263.75 \*\*\*\*263.75

8/29/23

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

<b>SIGNATURE:</b> _____ LESTER N. GARRIPEE MANAGING MEMBER OR MANAGER	Date _____ 904-296-2970 Daytime Phone #
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