



1950000897

ACCOUNT NO. : 072100000032

REFERENCE : 740913 4183B

AUTHORIZATION :

100001649111  
-11/23/95--01105--001  
\*\*\*\*337.50 \*\*\*\*337.50

COST LIMIT : 9 PREPAID

ORDER DATE : November 20, 1995

ORDER TIME : 11:42 AM

ORDER NO. : 740913

CUSTOMER NO: 4183B

CUSTOMER: Ms. Ginger S. Etheridge  
DONOVAN LEISURE NEWTON &  
IRVINE  
Suite 450  
450 Royal Palm Way  
Palm Beach, FL 33480

DOMESTIC FILING

NAME: ARGON, L.C.

☒ ARTICLES OF ORGANIZATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS: \_\_\_\_\_

T. BROWN NOV 22 1995

FILED  
95 NOV 20 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

same people have T95-66452

*Law Offices of*  
*Donovan Leisure Newton & Irvine*  
*450 Royal Palm Way*  
*Palm Beach, Florida 33480*

40 HUGGETT L. B. PLAZA  
NEW YORK 10111  
TELEPHONE 212-637-7000  
FACSIMILE 212-637-3381  
333 SOUTH BRAND AVENUE  
LOS ANGELES CALIFORNIA 90071  
TELEPHONE 213 263 4000  
FACSIMILE 213-263-6381

TELEPHONE: 407 833 1000  
FACSIMILE 407 833 0911

10, RUE DU FAUBOURG SAINT-MARTIN  
75008 PARIS  
TELEPHONE 1-44-06-4710  
FACSIMILE 1-44-06-0806

November 21, 1995

Via Hand Delivery

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Argon, Inc. and Argon, L.C.

Dear Sir/Madam:

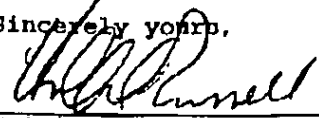
We represent the persons who have previously filed with your offices Articles of Incorporation for Argon, Inc. and now wish to file Articles of Organization for Argon, L.C., due to a change in the organizational form for tax reasons. Hollis F. Russell and Colette K. Meyer, the registered agents for Argon, Inc. and Argon, L.C., respectively, both of whom are attorneys in this office, consent to the filing of the following documents for Argon, L.C., by signing where indicated below:

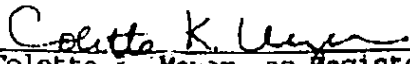
1. Articles of Organization;
2. Certificate of Designation of Registered Agent/Office; and
3. Affidavit of Membership.

We anticipate filing those papers required to dissolve Argon, Inc. shortly so that there will be no confusion on your records regarding these entities.

Accordingly, we request that you accept for filing the foregoing documents for Argon, L. C. and release the name reservation previously in effect for Argon, Inc.

Sincerely yours,

  
Hollis F. Russell, as Registered  
Agent for Argon, Inc.

  
Colette K. Meyer, as Registered  
Agent for Argon, L.C.

TH 5:00 PM  
Submitted  
11-20-95



Resubmit  
11/21/95

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 21, 1995

FILE 10240 NOV 20/95

CSC NETWORKS  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

SUBJECT: ARGON, L.C.  
Ref. Number: W95000022946

**RUSH**

We have received your document for ARGON, L.C. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

NOT  
RETURNED  
→

Please return the enclosed check for \$337.50 or a newly issued check with your corrected document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Teresa Brown  
Corporate Specialist

Letter Number: 195A00051352

STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY

OF

ARGON, L.C.

These Articles of Organization of ARGON, L.C., dated November 18, 1995, are being duly executed and filed by Colette K. Meyer, as authorized representative of a member, to form a limited liability company under Section 608.407 of the Florida Limited Liability Company Act.

ARTICLE I - Name:

The name of the limited liability company is  
ARGON, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the limited liability company is:  
~~450 Royal Palm Way,~~ Palm Beach, Florida, 33480.  
64 Via Mizner, Worth Ave.,

ARTICLE III - Duration:

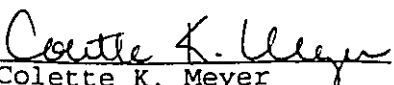
The period of duration for the limited liability company is 30 years from the date hereof.

ARTICLE IV - Management:

The limited liability company is to be managed by managers and the names and addresses of such managers are:

Leta Austin Foster and Ridgely M. Foster  
~~450 Royal Palm Way,~~ Palm Beach, Florida, 33480.  
64 Via Mizner, Worth Ave.,

IN WITNESS WHEREOF, this certificate has been subscribed this 18th day of November, 1995, by the undersigned who affirms that the statements made herein are true under the penalties of perjury.

  
Colette K. Meyer  
Authorized Representative  
of a Member

FILED  
95 NOV 20 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS  
OF FOREIGN LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of \_\_\_\_\_

ARGON, L.C. \_\_\_\_\_ deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 170,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$495,000.00 .
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$665,000 . This total includes amounts from 2 and 3 above.



Colette K. Meyer

Authorized Representative of the Members

Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
95 NOV 20 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

ARGON, L.C.

2. The name and address of the registered agent and office is:

Colette K. Meyer, Esq.

(Name)

450 Royal Palm Way, Suite 450

(P.O. Box not acceptable)

Palm Beach, Florida 33480

(City/State/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.*

Colette K. Meyer

(Signature)

November 18, 1995

(Date)


**FILING FEE: \$ 35 for Designation of Registered Agent**

**FILE NOW: Fee after May 1, will be \$263.75**

**APPROVED  
AND  
FILED**

**96 APR -5 AM 11:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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> <b>\$ 236.75</b>	Annual Report \$100.00 + \$136.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  ARGON, L.C. 64 VIA MIZNER, WORTH AVENUE PALM BEACH FL 33480	<b>DOCUMENT # L95000000897</b>
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1a. Principal Place of Business Address  64 VIA MIZNER, WORTH AVENUE PALM BEACH FL 33480
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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  Suite, Apt. #, etc.  City & State  Zip Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
---	--

3. Date Organized or Qualified 11/20/1995	3a. State of Formation FL
4. FEI Number 65-0620272	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent  MEYER, COLETTE K ESQ. 450 ROYAL PALM WAY SUITE 450 PALM BEACH FL 33480
--

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
--

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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (If 10. Registered Agent signature is required when re-registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FOSTER, LETA A	64 VIA MIZNER, WORTH AVENUE	PALM BEACH FL
MGR	FOSTER, RIDGELY M	64 VIA MIZNER, WORTH AVENUE	PALM BEACH FL

*JR 4/15*

1000001 276 151  
04 11/20/95 0120 0000  
\*\*\*\* 50171 \*\*\*\* 0000

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.

**SIGNATURE: x** *Ridgely M. Foster* **x3-19-96** **x655-5489**