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TO: DIVISION OF CORPORATIONS
(850)922-4001

FAX #:

FROM: THE COMPANY CORPORATION
076660001006
CONTACT: REGINA CEPHAS
PHONE: (302)575-0440
(302)575-1346

ACCT#:

FAX #:

NAME: SFAX, LLC

AUDIT NUMBER.....H97000019860

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

SFAX, LLC.

ARTICLE II.

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

6004 Lincolnwood Court Burke VA, 22015

ARTICLE III.

The period of duration (number of years) of the Limited Liability Company shall be:

Thirty (30) years

ARTICLE IV.

(choose one)



The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Michel Regignano - 6004 Lincolnwood Court, Burke, VA 22015

Z-Recon, Inc. - 6004 Lincolnwood Court, Burke, VA 20015

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OR



The Limited Liability Company is to be managed by member(s)
and the name(s) and address(es) of the managing member(s)
is/are:

ARTICLE V.

The right, if given, of the remaining members to admit additional members
and the terms and conditions of the admissions shall be:

Yes, upon Agreement: Terms - 1A: 20

ARTICLE VI.

The right, if given, of the remaining members of the Limited Liability
Company to continue the business on 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
Limited Liability Company shall be:

YES

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member and authorized representative of a member of SFAX, LLC 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 \$ 200,000.00.
- 3) If any, the agreed value of property, other than cash contributed by the member(s) is \$ 0.00. Provide an itemized description on a separate sheet.
- 4) The total amount of cash or property anticipated to be contributed by the member(s) is \$ 200,000.00. The total includes amount from #2 and #3 above.



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.)

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING
AGENT UPON PROCESS MAY BE SERVED.**

In compliance with Section 43.091, Florida Statutes, the following is
submitted:

First, this SFAX, LLC

desiring to organize under the laws of the State of Florida with its principal
place of business located in the city of Burke, Virginia, ~~State of~~
~~Florida~~, has named Larry Wolfe located at
200-A John Knox Road, Tallahassee, FL 32303-6643

_____ as its agent for service of
process within Florida.

Having been named to accept service of process for the above stated
corporation, at the place designated in this Certificate, 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.



12/2/97

Date

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This document prepared by: Shelley Dunkelberger, The Company Corporation, 1313 N. Market
Street, Wilmington, DE 19801-0511 (302) 575-0440

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