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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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G Technology, L-C.	
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20189-00524-00671	Art of Inc. File
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	Dissolution / Withdrawal 5
Name	Annual Report / Reinstatement
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Updater	Certificate of Good Standing
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Verifyer	Certificate of Fictitious Name
Acknowledgement/	Corp Record Search Officer Search
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	Vehicle Search  Driving Record
	UCC 1 or 3 File
Requested by:	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 10, 1998

CAPITAL CONNECTION, INC.

SUBJECT: G TECHNOLOGY, L.C. Ref. Number: W98000025368

We have received your document for G TECHNOLOGY, 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):

Complete the affidavit. If no cash or property has been contributed, put zero, if no contributions are anticipated, put zero.,

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 (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 898A00054459

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DIVISION OF CERPURATIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: G Technology, L.C.	e			
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability is:  935 Main St., Suite D-4 Safety Harbor, FL 34695	Comp	апу		
ARTICLE III - Duration: The period of duration for the Limited Liability Company shall be: 30 years				
ARTICLE IV - Management: (check and complete the appropriate statement)				
The Limited Liability Company is to be managed by a manager or managers and and address(es) of such manager(s) who is/are to serve as manager(s) is/are:	he na	me(s)		
	98 NOV 10 PM 3: 19	SECRETARY OF STATE DIVISION OF CLEFCRATIONS		
The Limited Liability Company is to be managed by the members and the name(s address(es) of the managing member(s) is/ are:	) and			

Tarik H. Choudhury, 935 Main St., Suite D-4 Safety Harbor, FL 34695

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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: GTechnology, L.C.	<u> </u>	<del></del>
2. The name and address of the registered agent and office is:  Tarik H. Choudhury, CCIM  (NAME)  935 Main St., Suite D-4	98 NOV 10 FN 3	SECKETARY OF S SECKETARY OF S DIVISION OF CERES
Safety Harbor, FL 34695	3: 19	INTE MIDNS

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.

(SIGNATURE) W98

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of		
G Technology, L.C.		l 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	s	
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	s	
4) the amount of cash or property anticipated to be contributed by member(s) is 5) the total amount of 2, 3, and 4 is		<del></del> .
		<u>.</u>

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.)

SECRETARY OF STATE DIVISION OF CONFORATIONS