**Document Number Only** 0000346 C T Corporation System Requestor's Name 660 East Jefferson Street 200002748082---01/20/99--01077--004 Address 32301 Tallahassee, FL \*\*\*\*346,25 \*\*\*\*346,25 Phone Zip State City CORPORATION(S) NAME Distribution Imerican () Profit () Merger () Amendment () NonProfit Limited Liability Company () Dissolution/Withdrawal () Mark () Foreign () Other () Annual Report () Limited Partnership () Change of R.A. () Reservation () Reinstatement () Fictitious Name (),Limited Liability Partnership ∠(CUS () Photo Copies Certified Copy () After 4:30 () Call if Problem () Call When Ready 例 Pick Up () Will Wait ⊗ Walk In () Mail 🗥 PLEASE RETURN EXTRA COPY(S) Name Avallability 1/20/99 FILE STAMPED THANKS Document Examiner JOEY Updater DIVISION OF CORPORATION Verifier 99 JAN 20 AMII: 29 Acknowledgr

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Katherine Harris SVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE

January 20, 1999

CT CORP. SYSTEM

SUBJECT: AMERICAN DISTRIBUTION LLC

Ref. Number: W9900001455

We have received your document for AMERICAN DISTRIBUTION LLC and your check(s) totaling \$346.25. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 399A00002632

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Universal Distribution LLC

#### ARTICLE II - Address:

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

One Summit Square \_\_\_\_\_ Suite 1400 Fort Wayne, IN 46802-3173

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

FILED

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SEGRETARY OF STATE
TALL AHASSEE, FLORIDA

## ARTICLE IV - Management: (Check the appropriate box and complete the statement)

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

Leon Perlis c/o Special D W. Robert Fawcett, Jr. P.O. Box 2549

c/o Special Dispatch, P.O. Box 870546

Morrow, GA 32087 Avon, CO 81620

### **ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: Upon concurrence of all members.

ARTICLE VI - Members Rights to Continue Business:

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:

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### ARTICLE VII - Affidavit of Membership and Contributions

Th	e undersigned member or authorized representative of a member ofUni	iversa	<u> 11_</u>	
	Distribution LLC ce	ertifies	·.	-
1) 2)	the above named limited liability company has at least one member; the total amount of cash contributed by the member(s) is		\$ <u>_</u>	1,000.00;
	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.); and the total amount of cash and property contributed and anticipated to be contributed by member(s) is	\$ _	0/00 ;	
4)		\$ _	1,000.00	

Signature of a member or an 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.)

Bruce O. Boxberger, Attorney at Law

1400 One Summit Square Fort Wayne, IN 46802

(219) 423-9411

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

# 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 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:	- <del></del>	<del></del>	
	Universal Distribution LLC	58	5	
2.	The name and address of the registered agent and office is:  C T CORPORATION SYSTEM  (Name)	TARY OF STATE IASSEE, FLORIDA	120 PM 1; 30	FILED
	c/o C T CORPORATION, 1200 South Pine Island Road,  (P.O. Box not acceptable)  Plantation, Florida 33324  (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.

C T CORPORATION SYSTEM

JEFFREY R. GRAVES, ASSISTANT SECATARY

1/19/99 (Date)

FILINGFEE: \$35 for Designation of Registered Agent