DQCU	IMENT#6990	00003005		(*		e 11 ° e		
1. Entity Name NETWORX, L.L.C.					SECRETARY OF STATE DIVISION OF CORPORATIONS		J.E.	
	- ,				on l	MAR 17 Dies	HDNS	
Principal Pla	ce of Business	Mailing Address			7	MAR 17 PH 12:	և Լ	
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2. Principal I	Place of Business	3. Mailing Address			_{			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State			4. FEI Number			pplied For
				to.	59-	<u>3580043</u>	N	ot Applicable
Zip	Country	Zip	Coun	10 y	5. Certificate of		\$5.00 Ad Fee Require	
	6. Name and Address of Curre	ent Registered Agent	• • •	Name	7. Name and A	ddress of New Registere	d Agent	
-	DOUGLAS W DMASVILLE ROAD				(P.O. Box Number	is Not Acceptable)		
	SSEE FL 32303		!		эг		9919.	JG
				City		1 0003183 -03/24/00 .F		
	e named entity submits this statemen Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: Registered	d Agent signature requir	ed when reinstating)	in the State of Florida.		
		pent and title it applicable	(NOTE: Registered		ed when reinstating)			
SIGNATURE	Signature, typed or printed name of registered ag MANAGING MER	FIL Make Chec	(NOTE: Registored E NOW!!! I ck Payable to	d Agent signature requir FEE IS \$50.00 o Department	ed when reinstating)		ES	
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9. TITLE NAME ETREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag MANAGING MEI MGRM BUSINESS COMMUNICATION	FIL Make Chec WBERS/MEMBERS Deletes S, INC.	(NOTE: Registered E NOW!!! F A Payable to 10. 10. 10. 10. 10. 10. 10. 10	d Agent signature requir FEE IS \$50.00 o Department E E ET ANDRESS -8T-ZIP E M.C	ed when reinstating) of State	ADDITIONS/CHANG	ES	
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limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-21-00 Date

850-705-5013-Daytime Phone #