REFERENCE: 432849 7196369

AUTHORIZATION :

COST LIMIT: \$ 125.00

ORDER DATE: October 25, 1999

ORDER TIME : 11:08 AM

ORDER NO. : 432849-005

CUSTOMER NO: 7196369

CUSTOMER: Mr. David M. Hearn

MR. DAVID M. HEARN
MR. DAVID M. HEARN
421 East Gore Street

Orlando, FL 32806

W99-26421

DOMESTIC FILING

NAME:

PROCYON SYSTEMS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jamela Abaied

EXAMINER'S INITIALS:

PRECEIVED

99 NOV 16 PM 12: 17

DEPA SECUTOR STATE DIVISION OF CORPORATIONS
TALL/HASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 16, 1999

CSC

ATTN: JAMELA ABAIED

Please give original submission date as file date.

SUBJECT: PROCYON SYSTEMS, LLC Ref. Number: W99000026421

We have received your document for PROCYON SYSTEMS, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

We are returning only your registered agent attachment. This acceptance is specifically for a corporation, but the entity you are filing is an LLC.

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 (850) 487-6958.

Lee Rivers **Document Specialist**

Letter Number: 999A00055070

55

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN THE ARTICLES OF ORGANIZATION

PROCYON SYSTEMS, LLC

David M. Hearn is familiar with and accepts the obligations of the position of Registered Agent as provided for in

Chapter 608, Florida Statutes.

David M. Hearn

9 NOV 16 AH II: 5

Typed Name: Davi

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME

The name of the Limited Liability Company is:

PROCYON SYSTEMS, LLC

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 421 East Gore Street, Orlando, Florida 32806.

ARTICLE III. DURATION

The period of duration for the Limited Liability

Company shall be: PERPETUAL

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 421 East Gore Street, Orlando, Florida, 32806, and the name of the initial registered agent of the corporation at that address is David M. Hearn.

ARTICLE V. MANAGEMENT

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

David M. Hearn 421 East Gore Street
Member Orlando, Florida 32806

Marie G. Hearn 421 East Gore Street
Member Orlando, Florida 32806

The undersigned authorized representative of a member of PROCYON SYSTEMS, LLC hereby executes these articles of organization on this 16th day of November, 1999.

CORPORATION SERVICE COMPANY

BY:

Its Incorporator, Laura R. Dunlap as authorized representative of PROCYON SYSTEMS, LLC

SECULIASSEE FLORIDA

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of PROCYON SYSTEMS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder

This Limited Power of Attorney is executed on this 2nd day of November, 1999.

WITNESS

Author L. Ascongh

TYPED OR PRINTED NAME

TYPED OR PRINTED NAME

TYPED OR PRINTED NAME

WITNESS

TYPED OR PRINTED NAME

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this day of Dovember 19 99 by David 11. Hear N, who is personally known to me or who has produced Dored a

DRIVERS LICENSE

(Type of Identification)
as identification and who (did)
(did not) take an oath.

(Signature of Notary Official)

Typed, Printed, or Stamped Name of Notary Official

ANITA L ASCOUGH

ANITA L ASCOUGH

Notery Public, State of Florida

Notery Public, State of Florida