

L9900000 8822

H.J. Miller, Esquire  
Augen & Miller, P.C.  
3302 Azeele Street  
Suite 200  
Tampa, Florida 33609  
tel # 813-879-1155  
fax #813-879-3225

**EFFECTIVE DATE**  
1-1-2000

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 3, 1999

H.J. MILLER, ESQ.  
AUGEN & MILLER, P.C.  
3302 AZEELE STREET SUITE 200  
TAMPA, FL 33609

SUBJECT: INTERLINX TECHNOLOGIES, LLC  
Ref. Number: W99000027598

We have received your document for INTERLINX TECHNOLOGIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the limited liability company will be managed by a manager or managers, a statement to that effect is required as well as the names and street addresses of such managers who are to serve as managers; or if the management is reserved to the members, a statement to that effect is required as well as the names and street addresses of the managing members.

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) 487-6043.

Shawn Logan  
Document Specialist

Letter Number: 999A00057095

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is:  
Interlinx Technologies, LLC

## ARTICLE II - Effective Date

The Limited Liability Company will become effective:  
January 1<sup>st</sup>, 2000

## ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
11526 NW 16<sup>th</sup> Place  
Gainesville, Florida 32606

## ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

David K. Johnson

Name

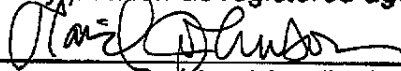
11526 NW 16<sup>th</sup> Place

Florida street address (P.O. Box NOT acceptable)

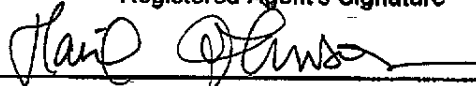
Gainesville, FL 32606

City, State, and 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 as provided for in Chapter 608, F.S..*

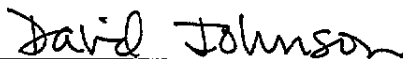


Registered Agent's Signature



**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.)



Print Name of Member or Authorized Representative of a Member

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TALLAHASSEE, FLORIDA

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