Article	2 - Register Select and comp	ed Agent and Registe lete sitting A or B and complete	red Office		4 4 4 4
A. The initial registered age				the nam	e of:
DR	nt is an indi-	idual ensident of the st			t forth hele
<ul> <li>B. The initial registered ages</li> <li>Mitchell</li> </ul>		Miller	ate whose har	ne is se	
irst Name	M.I.	Last Name			Suffix
C. The business address of the re	egistered age	ent and the registered o	ffice address i	is:	
01 Main Street, Suite 3100	Dalla	IS	TX	752	02
treet Address	City		State	Zip (	Code
	Articles	Coverning Authority			
B. The limited liability comp embers, and the name and addr	ess of each i	nitial member are set f	company will orth below.	be gov	erned by it:
B. The limited liability comp nembers, and the name and addr	ess of each i	t have managers. The nitial member are set f	company will orth below.	be gov	erned by it
B. The limited liability comp nembers, and the name and addr	ess of each i	t have managers. The nitial member are set f	company will orth below.	be gov	erned by it
B. The limited liability comp nembers, and the name and addr AME OF COVERNING FERSON IF INDIVIDUAL Erich First Name	ess of each i	t have managers. The nitial member are set f	company will orth below.	be gov	erned by it
B. The limited liability comp nembers, and the name and addr AME OPACOVERNING PERSON IF INDIVIDUAL Erich First Name	ess of each i	t have managers. The c nitial member are set for energy a heread of a second	company will orth below.	be gov	erned by it
B. The limited liability complembers, and the name and addr AME OP ICOVERNING FERSON IF INDIVIDUAL Erich First Name IF ORGANIZATION Organization Name	(Betri the name of M.I.	t have managers. The c nitial member are set for energy a heread of a second	company will orth below.	be gov	erned by it
B. The limited liability complembers, and the name and addr AME OPYCOVERNING PERSON IF INDIVIDUAL Erich First Name IF ORGANIZATION Organization Name DERISS OF GOVERNING PERS	(Betri the name of M.I.	t have managers. The c nitial member are set for enter an individual or an argume Spangenberg Last Name	company will orth below.		erned by it
B. The limited liability comp nembers, and the name and addr AML OF COVERNING PERSON IF INDIVIDUAL Erich First Name B Organization Name OPRISS OF COVERNING PERS 420 LBJ Freeway, Suite 750	(Betri the name of M.I.	t have managers. The c nitial member are set for ener a hervale or a open Spangenberg Last Name	company will orth below.	be gov	erned by it
B. The limited liability comp nembers, and the name and addr AML OF COVERNING PERSON IF INDIVIDUAL Erich First Name B Organization Name Organization Name DORLSS OF COVERNING PERS 420 LBJ Freeway, Suite 750 treet or Mailing Address	(Betri the name of M.I.	t have managers. The c nitial member are set for enter an individual or an argume Spangenberg Last Name	company will orth below.		erned by it:
nembers, and the name and addr NAME OF GOVERNING PERSON IF INDIVIDUAL Erich First Name IF ORGANIZATION	(Betri the name of M.I.	t have managers. The c nitial member are set for ener a hervisik or a open Spangenberg Last Name	Company will orth below.	be gov	erned by it:
B. The limited liability comp members, and the name and addr AME OF GOVERNING PERSON IF INDIVIDUAL Erich First Name IF ORGANIZATION Organization Name DORLES OF GOVERNING PERSO 420 LBJ Freeway, Suite 750 treat or Mailing Address m 205	(Betri the name of M.I.	t have managers. The c nitial member are set for ener a hervisik or a open Spangenberg Last Name	Company will orth below.	be gov	erned by it:
B. The limited liability complements, and the name and addr AMEOFIGOVERNING PERSON IF INDIVIDUAL Erich First Name IF ORGANIZATION Organization Name DORISS OF GOVERNING PERSON 420 LBJ Freeway, Suite 750 treet or Mailing Address m 205	ess of each in the name of M.I.	t have managers. The c nitial member are set for ener a hervisik or a open Spangenberg Last Name	Company will orth below.	be gov	erned by i

#### Form 205 (Revised 01/06)

Δ

Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 FAX: 512 463-5709 Filing Fee: \$300

### **Certificate of Formation** Limited Liability Company

This space reserved for office use.

FILED In the Office of the Secretary of State of Texas

NOV 1 3 2007

**Corporations Section** 

## territe and the second state of the Article I - Entity Name and type

The filing entity being formed is a limited liability company. The name of the entity is:

#### **IP NAVIGATION GROUP, LLC**

J. Mitchell		Miller		
First Name	M.I.	Last Name	Suffix	

901 Main Street,	Suite 3100 Dallas	TX	75202	_
Street Address	City	State	Zip Code	
		an an intra langun in managan an		2013 2024



	First Name	M.I.	Last Name			Suffix
R			<u>_</u>			
	IF ORGANIZATION			ې	<u> </u>	
2.7	Organization Name		an an an that the formation with the first state of the			1000000 - 2 - 2000 - 2000 - 2000
<u>D</u>	DRESS OF COVERNING PERS	ON F	1		1 	
					L	
76	t or Mailing Address		City	State	Country	Zip Code
	First Name	<u>M.1.</u>	Last Name			Suffix
t .	IF ORGANIZATION					
•			······································			
•	Organization Name			AND ADDRESS TO ADDRESS	1. 1. 1. 1. 1. A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1000
DI	Organization Name RESS OF GOVERNING PERS	ON A T				

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

# Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

Form 205

Find authenticated court documents without watermarks at docketalarm.com.

Organizer

The name and address of the organizer:

Erich Spangenberg		<u></u>
Name		
5420 LBJ Freeway, Suite 750	Dallas	TX 75240
Street or Mailing Address	City	State Zip Code

#### Effoctiveness of Filing (Select other ACB, or C.)

A. X This document becomes effective when the document is filed by the secretary of state.

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is:

C.  $\Box$  This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is:

The following event or fact will cause the document to take effect in the manner described below:

### Elecution .

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: November 13, 2007

Signature of organizer

Form 205