

LD8000112328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

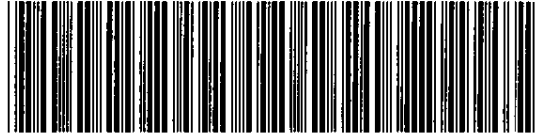
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Office Use Only

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DEC 09 2008

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 DEC - 8 PM 2: 57

Michael A. Seidler

235 Quince Street, #301
San Diego, CA 92103
619-501-6200
m.seidler@K1Tracking.com

December 5, 2008

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Registration of K1 Tracking, LLC

I am completing this application on behalf of K1 Tracking, should you have questions please contact me at the phone number above.

Thank you.

Sincerely,



Michael A. Seidler
K1 Tracking, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K1 Tracking, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

226 N. Nova Road, #139
Ormond Beach, FL 32174

Mailing Address:

611 S. Palm Canyon Drive
Suite 7-524
Palm Springs, CA 92264

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

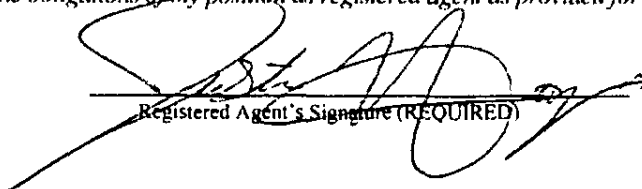
The name and the Florida street address of the registered agent are:

Justin D.L. Harvey
Name

226 N. Nova Road, #139
Florida street address (P.O. Box NOT acceptable)

Ormond Beach, FL 32174
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 (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Justin D.L. Harvey

226 N. Nova Road, #139

Ormod Beach, FL 32174

MGRM

Ross Case

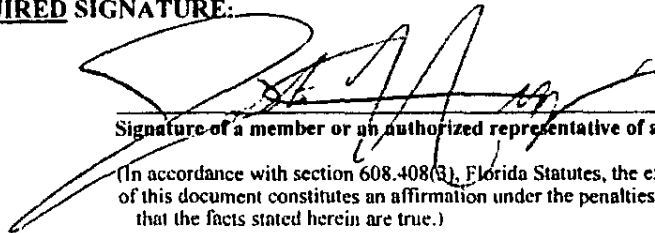
611 S. Palm Canyon Drive, Suite 7-524

Palm Springs, CA 92264

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 1, 2008 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED 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 document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Justin D.L. Harvey

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)