

Division of Corporations

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : GREENBERG TRAUIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 955-7600
Fax Number : (561) 338-7099

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jchin@grouppcaretech.comFLORIDA LIMITED LIABILITY CO.
Eagle Eye Intelligence, LLC

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FL 32304

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
EAGLE EYE INTELLIGENCE, LLC**

ARTICLE I – NAME: The name of the limited liability company is EAGLE EYE INTELLIGENCE, LLC (the "Company").

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 350 Camino Gardens Boulevard, Suite 102, Boca Raton, FL 33432. The street address of the principal office of the Company is 350 Camino Gardens Boulevard, Suite 102, Boca Raton, FL 33432.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida Street address of the Company's registered agent are:

Scott H. Adams
350 Camino Gardens Boulevard, Suite 102
Boca Raton, FL 33432

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 in Chapter 605, Florida Statutes.



Scott H. Adams, Registered Agent's Signature

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

Title

Name and Address

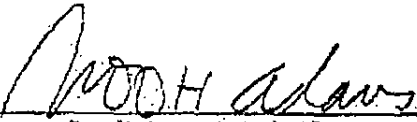
Manager

Scott H. Adams
350 Camino Gardens Boulevard, Suite 102,
Boca Raton, FL 33432

[Signature on following page]

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REQUIRED SIGNATURE:



Scott H. Adams, Authorized Person

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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