0000 MARK A. KAMILAR

2921 S. W. 27TH AVENUE COCONUT GROVE, FL 33133

MARK A. KAMILAR

TELEPHONE (305) 567-1112 FAX (305) 567-2334

February 15, 2000

Mr. Daniel Bowden Southeast Security, Inc. 3841-A Killearn Court Tallahassee, Florida 32308

> CTI Direct, LLC RE:

700003137617[.] -02/16/00---01074---009 ****155.00 ****155.00

Dear Mr. Bowden:

Enclosed please find an original and two copies of Articles of Organization for the above-captioned new limited liability company.

Please walk these Articles over to the Secretary of State and fax us back any confirmation you may get for the filing. We would ask that you please fax the confirmation immediately as our client needs this information on a rush basis. Also, we would ask that you mail back the confirmation from the Secretary of State as well as the certified copy of the Articles. I have enclosed a selfaddressed stamped envelope for your convenience.

I have also enclosed our check in the sum of \$155.00 for the Secretary of State which represents the fee for filing, designation of registered agent and certified copy, as well as a check for \$35.00 which represents your fee for this service.

If you should have any problems or need any additional information, please do not hesitate to call the undersigned.

Thank you, once again, for your assistance.

ECTIVE DATE

Very truly yours,

LAW OFFICES OF MARK A. KAMILAR

Legal Assistant

Encl. noted

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO

ARTICLE I - Name:			
ARTHULF L. Norres			
· · · · · · · · · · · · · · · · · · ·			
The name of the Limited 1	Liahility Comment in	الم _ السيامية المر	B
	businey Company is;	CIA DIRE	CT 224
	Liability Company is:		
ARTICLE II - Address:	7640 NW 255	+ # 120 M/ANI	. FL 33/22
The mailing address and m	front add to		
and and and a	treet address of the principa	al office of the Limited Li	ability Company is:
~ -			
ARTICLE III - Registers	d Aront Ducleton Lore	.	
Tre-Bistel	ed Agent, Registered Offic	e, & Registered Agent's	Signature:
The name and the Florida	street address of the register	red agent are:	
	MARK A K.	willon En	
	MARK A. KA 2921 S.W. 27 Florido stress and the COS	TMICHIL, ESQ.	
	Name	•	
		46 AVENUE	
	• IAMA SHEET SCHOOL P L	MAG AMETER	
	COCONUT GLOVE	FLORIOR	
	City, State,	and Zip 33/33	
Y 7			
Having been named as regi	stered agent and to accept so	mice of manages for the -L	
liability company at the pla	istered agent and to accept se	of the of process for the and	rve stated timiled
agent and garne to get in the	ce designated in this certifically capacity. I further come	re, I nereby accept the app	ointment as régistered
relation to the man and	is capacity. I further agree to	o comply with the provision	n of all statute
obligations of my position a	is registered agent as provide	d for in Chapter 600 E.C.	in was acceptane
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	Registered A	gent's Signature	
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Filing Fees:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)