Page 1 of 2

Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850) 922-4003

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE,

Account Number: 073222003555 : (561)686-3307 Phone

: (561)686-5442 Fax Number

LIMITED LIABILITY COMPANY

Integrated Technologies, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF INTEGRATED TECHNOLOGIES, LLC

I, the undersigned authorized representative of the Members, hereby makes, acknowledges and files these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I NAME

The name of this Limited Liability Company is:

INTEGRATED TECHNOLOGIES, LLC

ARTICLE II ADDRESS

The mailing address and the principal office address is:

1140 Holland Drive Suite #8 Boca Raton, Florida 33487

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall begin on the date the Articles of Organization are filed with the Secretary of State of the State of Florida, and shall cease one (1) year thereafter.

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Gary N. Gerson, Esq. (FL Bar No. 251771) Nason, Yeager, Gerson, White & Lioce, P.A. 1645 Palm Beach Lakes Blvd., Suite 1200 West Palm Beach, FL 33401 Phone: (561) 686-3307

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<u>ARTICLE IV</u> MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Manager and is, therefore, a manager-managed company.

ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

The Members shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 20th day of September, 2000.

Gary N. Gerson, Authorized Representative

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

INTEGRATED TECHNOLOGIES, LLC

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

Gary N. Gerson 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, Florida 33401 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

Gary N. Gerson, Registered Agent

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