

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 : PARCORP SERVICES, LTD.

Account Number : 119990000011 Phone : (877)603-2533 Fax Number : (707)276-4538

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LIMITED LIABILITY COMPANY

WALKABOUT SYSTEMS, LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$130.00

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STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

WALKABOUT SYSTEMS, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

WALKABOUT SYSTEMS, LLC

ARTICLE II - Address:

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

827 PALCIDO WAY NE, ST PETERSBURG, FL 33704

ARTICLE III - Registered Agent, Registered Office, & Registered Agents Signature:

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

ROBERT L. McWHORTER

Name

827 PALCIDO WAY NE

Florida street address (P.O. Box NOT ACCEPTABLE)

ST. PETERSBURG, FL 33704

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 exent as provided for in 608, F.S.,

ARTICLE IV - Management (Check Box if Applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL J. JAGODA

Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / Michael J. Jagoda.

PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

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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:

WALKABOUT SYSTEMS, LLC

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

ROBERT L. McWHORTER		
	Name	
	827 PALCIDO WAY NE	
]	Florida street address (P.O. Box NOT ACCEPTABLE)	
	ST. PETERSBURG, FL 33704	
-	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 ROBERT L. McWHORTER

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