

LO10000003531

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

300003802303--9

-03/06/01--01071--002

****155.00 ****155.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BIOMETRIC SOLUTIONS, L.L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED
01 MAR -6 AM 10:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

APPROVED
AND
FILED
01 MAR -7 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials WJ-5031



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 7, 2001

LAZARUS CORPORATE FILING SERVICE

SUBJECT: BIOMETRIC SOLUTIONS, L.L.C.
Ref. Number: W01000005031

We have received your document for BIOMETRIC SOLUTIONS, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

Please accept our apology for failing to mention this in our previous letter.

The document must be titled "Articles of Organization."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 801A00013862

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR - 7 PM 3:35

APPROVED
AND
FILED



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 6, 2001

LAZARUS CORPORATE FILING SERVICE

SUBJECT: BIOMETRIC SOLUTIONS, L.L.C.
Ref. Number: W01000005031

We have received your document for BIOMETRIC SOLUTIONS, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 901A00013542

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR -7 PM 3:35

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AND
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ARTICLES OF ORGANIZATION
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name

The name of the Limited Liability Company is BIOMETRIC SOLUTIONS, L.L.C.

ARTICLE II

Principal Office

The mailing address and street address of principal office of the Limited Liability Company is 11405 N.W. 138 Street, Miami, Florida 33178.

ARTICLE III

Duration

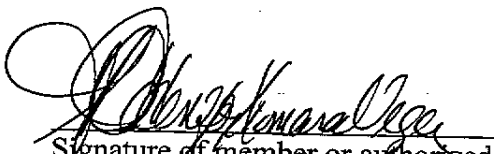
The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

Management

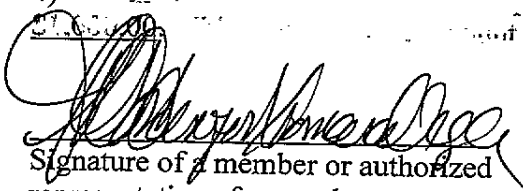
- The Limited Liability Company is to be managed by Managers and the names and addresses of such managers who are to serve as manager is:

XIOMARA VEGA
11405 N.W. 138 Street
Miami, Florida 33178


Signature of member or authorized
representative of a member
Xiomara Vega

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned member or authorized representative of a member of BIOMETRIC SOLUTIONS, L.L.C. deposes and says:


Signature of a member or authorized
representative of a member
Xiomara Vega

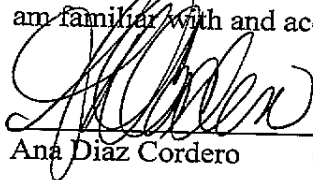
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

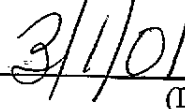
1. The name of the Limited liability company, is: BIOMETRIC SOLUTIONS, LLC.
2. The name and address of the registered agent and office is:

Ana Diaz Cordero
9485 Sunset Drive, Suite A-292
Miami, Florida 33173

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.


Ana Diaz Cordero

(Signature)


3/1/01

(Date)

01 MAR 7 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED