

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)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305)634-3694

AL

LIMITED LIABILITY COMPANY

A.M.J. LABOCK ARMORING, LLC

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 13, 2001

EMPIRE CORPORATE KIT COMPANY

SUBJECT: A.M.J. LABOCK ARMORING, LLC REF: W01000008433

OI APR 17 MM 10: 04

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The articles of organization must be prepared in compliance with section 608.407, Florida Statutes. We are enclosing the appropriate forms and instructions for your convenience.

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) 487-6094.

Agnes Lunt Document Specialist FAX Aud. #: H01000038065 Letter Number: 101A00022078

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is: A.M.J. LABOCK ARMORING, LLC.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is: 10117 West Oakland Park Blvd., PMB#325, Sunrise, Florida, 33351.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE AND RESIDENT AGENT'S SIGNATURE

JACK BARITON, ESQ. 100 SO. PINE ISLAND ROAD SUITE #108 PLANTATION, FL 33324 APR 17 AH 10: 04

CRETARY ST STATE
LAHASSEE, FLORIDA

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 wit and accept the obligations of my position of registered agent as provided for in Chapter 608. F. S.

Registered Agent's Signature

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 an authorized

representative of a member

(In accordance with section 608.408(3), Florida statutes the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Typed or printed name of signee

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