

CT CORPORATION SYSTEM

# L01000006378

CORPORATION(S) NAME

Advanced Biometric Imaging L.L.C.

000004077720--3  
-04/25/01--01075--008  
\*\*\*\*\*5.00 \*\*\*\*\*5.00

000004077720--3  
-04/25/01--01075--008  
\*\*\*\*\*125.00 \*\*\*\*\*125.00

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC      | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input checked="" type="checkbox"/> CUS     |
| <hr/>  |   |   |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

NOT REFILED TO AVOID SUFFICIENCY OF FILING

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

4/25/01

Order#: 4179143

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

L01-6378  
QR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR 25 PM 2:29

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660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 – Name:** Advanced Biometric Imaging L.L.C.

**ARTICLE II – Address:**

Mailing Address: P.O. Box 2675, Brandon, FL 33509-2675

Street Address: 6944 Potomac Circle, Riverview, FL 33569

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation System  
Name  
c/o CT Corporation System, 1200 South Pine Island Road  
Florida Street Address (P.O. Box **NOT** acceptable)  
Plantation, FL 33324  
City, State, and Zip

*Having been named as registered agent and to accept service for 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 obligation of my position as registered agent as provided for in Chapter 608, F.S..*

Barbara A. Burke CT Corporation System  
Name  
BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

**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.

David L. Watkins  
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 penalties of perjury that the facts stated herein are true.)

David L. Watkins  
Typed or Printed name of signee

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TALLAHASSEE, FLORIDA