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OI MAY -7 PH 4: 09

RECILLABLE STATE
RECORDA

LIMITED LIABILITY COMPANY

AMERICAN FAMILY SAFETY NETWORK, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Audit No. H01000063794 1

ARTICLES OF ORGANIZATION

OF

AMERICAN FAMILY SAFETY NETWORK, LLC

OI MAY -7 AM 8: 08
SECONASSEL, FLORIDA

ARTICLE I

The name of the limited liability company formed hereby is AMERICAN FAMILY SAFETY NETWORK, LLC (the "Limited Liability Company").

ARTICLEII

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

2938 Banyan Blvd. Circle N.W. Boca Raton, Florida 33431

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Michael N. Kreitzer, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

Audit No. H01000063794 1

Audit No. H01000063794 1

	ARTICLE V
The Limited Liability Company	y shall be member-managed.
··.	Michael N. Kreitzer, as Authorized Representative of the Member
STATE OF FLORIDA)	·
Member, who is personally known t	Michael N. Kreitzer, as Authorized Representative of the to me, or □ who produced
In witness whereof I have hereur	nto set my hand and official seal this day of
	Notary Public
	Print Name TUDITH > RODMAN

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CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

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SLOSE SEE, FLORIE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Finited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is AMERICAN FAMILY SAFETY NETWORK, LLC.
 - 2. The name and address of the Registered Agent and Office is:

Michael N. Kreitzer, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

Michael N. Kreitzer, Esq., Registered Agent

Date: 5.7.01

AMERICAN FAMILY SAFETY NETWORK, LLC

Michael M. Kreitzer, as Authorized Representative

of the Member

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