To: Registration Section 1000011499

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Subject: LLC application for "IT (Information Technology) Firefighters, LLC"

Your website was a pleasure to use. Please congratulate whatever teams designed it.

I have included the information pertaining to my application as listed in the website documentation, and a combined check; Filing fee, Designation of Registered Agent, Certified copy, and Certificate of Status.

Name:

Donald R. Kneale II

Address:

8738 SW 51 Place

Cooper City, FL 33328

Phone:

(954) 434-7000

000004477600--3

-07/16/01--01092--006

****160.00 ****160.00

Sincerely,

Donald R. Kneale II

FILED

OI JUL 16 PM 7 7 9

SECRETARY OF STATE
TAIL AHASSEE, FLORID

LOI-11699 Ox

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

8738 SW 51 Place

Maling & Street

CARRY CITY FI 33378

and rests are the

Donald R. Kneals TT

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(Information Technology) Firefighters, LLC

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

8738 SW 51 Place Cooper City, FL 33328

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

			
	8738 Sw 51 Place		
	Florida street address (P.O. Box NOT acceptable)		
	Cooper City, FL 33328		
	City, State, and Zip		
Having been named as regis	tered agent and to accept service of process for the above st	ated limit	ed
	e designated in this certificate, I hereby accept the appointm		
registered agent and agree to	o act in this capacity. I further agree to comply with the pro	visions oj	^c all
statutes relating to the prope	er and complete performance of my duties, and I am familiar	· with and	•
-	position as registered agent as provided for in Chapter 608,		
<i>x</i> 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -			
	2/152		
•	Registered Agent's Signature		
	ALOSINIOTON LASTIN D'OLGANIALO		
	(Check box if applicable.) Company is to be managed by one manager or more manage	ers and is	,
therefore, a manager - mana	aged company.		
-			
(An additio	nal article must be added if an effective date is requested)		
<i></i>	This S. Freat		
Signatur	e of a member or an authorized representative of a member.	,	
~		$\Xi \tilde{\aleph} \subset$	•
(In acco	ordance with section 608.408(3), Florida Statutes, the execution socument constitutes an affirmation under the penalties of perjury	$\Box \Omega$ \subset	-
that the fa	acts stated herein are true.)	皇所 🗏	•
		<u> </u>	. 1
	Typed or printed name of signee	<u>₹</u> ₹ 0	· F
	Typed or printed name of signee		
	<u> </u>	PM 4: UU OF STATE F FI ORIDA	
	Filing Fees:	⊇ <u></u> ₹	•
	\$100.00 Filing Fee for Articles of Organization	ĕ≒ ⊆	2
	\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Conv (Ontional)	>111 C	J

\$ 5.00 Certificate of Status (Optional)