

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

HAWKEYE TRACKER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The Name of the Limited Liability Company is:

HAWKEYE TRACKER, LLC

ARTICLE II - ADDRESS

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

6568 SW 20th Court
Plantation, Fl. 33317

ARTICLE III - DURATION

The Period of duration for the Limited Liability Company shall be Perpetual.

ARTICLE IV - MANEGEMENT

The Limited Liability Company is to be managed by a manager or managers and the name(s) and the address (es) of such manager(s) is/ are:

HAMID AYUB	6568 SW 20 th Court, Plantation, Fl. 33317
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ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Majority Vote of the existing members

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Majority Vote of the remaining members

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the Limited Liability Corporation is:


HAWKEYE TRACKER, LLC

2. The name and address of the Registered Agent and Office is:

HAMID AYUB
6568 SW 20th Court
Plantation, FL 33317

*Having been named as Registered Agent to accept the 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.*

Dated: July 12th 2002



HAMID AYUB
Registered Agent

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