

# L02 0000 24659

Stuart Simons  
Requester's Name

908 N. Spring Street  
Address

Pensacola FL 32501  
City/State/Zip Phone #

02 SEP 26 PM 1:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) 200005056872--6  
-09/26/02--01056--006  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

ALI

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

### NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

Integrated Control Solutions LLC

**SECOND:** The articles of organization or the application to transact business

FILED  
SEP 26 PM 1:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Signature of member or an authorized representative  
of a member was signed by Michael Harrod. Michael  
Harrod will not be a member at this time. The signature  
of member should be Stuart Simons

Dated: September 24, 2002

Stuart Simons

Signature of a member or authorized representative of a member

Stuart Simons

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L02000024659  
FILED 8:00 AM  
September 23, 2002  
Sec. Of State**

**Article I**

The name of the Limited Liability Company is:  
INTEGRATED CONTROL SOLUTIONS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
908 NORTH SPRING STREET  
PENSACOLA, FL. US 32501

The mailing address of the Limited Liability Company is:  
908 NORTH SPRING STREET  
PENSACOLA, FL. US 32501

**Article III**

The name and Florida street address of the registered agent is:  
STUART SIMONS  
908 NORTH SPRING STREET  
PENSACOLA, FL. 32501

**FILED  
02 SEP 26 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, 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 with and accept the obligations of my position as registered agent.

Registered Agent Signature: STUART SIMONS

Signature of member or an authorized representative of a member

Signature: MICHAEL HARROD