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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: cctcus FU LLC PRIKSOW

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11/04/02-01084--002 **160.00

02 NOV 18 AN 10: 10

October 30, 2002

To: Florida Division of Corporations

From: Andres F. Bejerano

Re: Articles of Incorporation-TRAXXIS GPS Solutions

To Whom It May Concern-

Enclosed please find the necessary Articles of Organization and check for filing fees for TRAXXIS GPS Solutions. Please process as \$\overline{so}\$ on as possible. Home address and daytime telephone numbers are below.

Sincerely,

Andres F. Bejerano

Andres F. Bejerano HOME- 945 NE 118th St, Biscayne Park, FL. 33161 OFC-6555 NW 9th Ave, Suite 108, Ft. Lauderdale, FL 33309 (305) 778-9881-cell (954) 493-6438-ofc.



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 5, 2002

ANDRES F. BERJERANO 6555 NW 9TH AVE., SUITE 108 FT. LAUDERDALE, FL 33309

SUBJECT: TRAXXIS GPS SOLUTIONS, LLC

Ref. Number: W02000031698

We have received your document for TRAXXIS GPS SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 202A00060436

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
TRAXXIS GPS Solutions, LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
6555 NW 9th Avenue, Suite 108, Ft. Lauderdale, Florida 33309
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Andres Bejerano
Name
6555 NW 9th Avenue, Suite 108
Florida street address (P.O. Box NOT acceptable)
Ft. Lauderdale FI 33309
City, State, and Zip
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 as provided for in Chapter 608, F.S. Andres Bejerane By: By:
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.
(An additional article must be added if an effective date is requested)
Signature of a member or an authorized representative of a member.

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Andres Bejerano

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)