

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 : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (305) 673-0347
Fax Number : (305) 532-0738

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

SKYWAY SECURITY, LLC

Certificate of Status	0
Certified Copy	0
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FROM : SKYWAY

FAX NO. : 5449383

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
SKYWAY SECURITY, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
1221 BRICKELL AVE. SUITE 900
MIAMI, FL 33131

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC.
25 SE 2ND AVE. SUITE 1036
MIAMI, FL 33131

Having been named as registered agent 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..

 Paul Smith Vice President
Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by the members.

ARTICLE V MEMBERS (optional)

DIRECTOR: WILLIAM T. ROSS
GREG S ROSS Hobe Sound, FLA 33455

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PAGE 2 SKYWAY SECURITY, LLC

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Signature of a member or an authorized representative of a member.

(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.

William T Ross

WILLIAM T ROSS

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