

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)205-0383 Fax Number

From:

1 EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 2 (305)634-3694 Phone : (305)633-9696 Fax Number

LIMITED LIABILITY COMPANY

aletek solutions, llc

Certificate of Status	0
Certified Copy	1
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10.91

FŁORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aletek Solutions, LLC

Article II - Address:

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

2500 N. University Drive, suite 5 Sunrise, FL 3332Z

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

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

2500 north University JRV. #5

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 agant 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.,

Registered Agent's Signature

ARTICLE IV - Management / Members

The name(s) and address(es):

M. George Owen - 2500 North University Dr. #5
Glen Taylor - 2500 No. University Dr. #5 Survise, E 37322
Corlone Tomlinson - 2500 No University Dr. #5
Sunrise, PL 33322

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ARTICLE V - 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.

(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.)

Typed or printed name of signes

SECRETARY OF STATE

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