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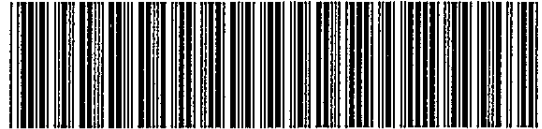
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TALLAHASSEE, FLORIDA

① Suffix

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Security OPERATIONS SPECIALIST  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN D. RODGERS  
(Name of Person)

Security OPERATIONS SPECIALIST  
(Firm/Company)

2301 S.W. 117TH AVE  
(Address)

MIRAMAR, FL. 33025  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN D. RODGERS at (786) 290-9706  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 22, 2003

STEPHEN D. RODGERS  
SECURITY OPERATIONS SPECIALIST  
2301 S.W. 117TH AVE  
MIRAMAR, FL 33025

SUBJECT: SECURITY OPERATIONS SPECIALIST  
Ref. Number: W03000020786

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

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 203A00042667

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: ~~Security Operations Specialists~~  
Security Operations Specialists "L.L.C."

**ARTICLE II - Address:**

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

**Principal Office Address:**

2301 S.W. 117TH AVE.  
MIRAMAR, FL. 33025

**Mailing Address:**

2301 S.W. 117TH AVE  
MIRAMAR, FL. 33025

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

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


STEPHEN D. RODGERS  
Name

2301 S.W. 117TH AVE.  
Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR FL 33025  
City, State, and Zip

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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 as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MANAGER (MGR)

→ MR. STEPHEN D. RODGERS  
2301 S.W. 117TH AVE.  
MICAMAR, FL. 33025

MGRM (Managing MEMBER)

→ MR. ERIC RUCKER  
1421 N.W. 2ND ST. APT. #2  
FT. LAUDERDALE, FL. 33311

N/A

~~N/A~~

N/A

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

STEPHEN D. RODGERS  
Typed or printed name of signee

**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)

**FILED**  
 03 JUL 30 AM 8:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA