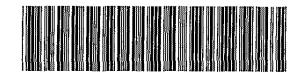
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(Requestor's Name)	
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PICK-UP WAIT MAII	_
(Business Entity Name)	<u>,                                      </u>
(Document Number)	,
Certified Copies Certificates of Status	
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### TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

SUBJECT: TAPS GOVERNMENT SERVICES, LLC

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

Please return all correspondence concerning this matter to the following:

Richard A. Crisonino, Esquire 2534 S.W. 6<sup>th</sup> Street Miami, FL 33135

For further information concerning this matter, please call:

Richard A. Crisonino at (305) 541-4040.

Enclosed is my check in the amount of \$155.00, representing the filing fee, designation of Registered Agent fee, and certified copy fee. Please provide our office with a certified copy of these Articles of Organization.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is **TAPS GOVERNMENT SERVICES**, LLC.

### **ARTICLE II - Address:**

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

Principal Office address: 162 Gleason Street Delray Beach, FL 33483 Mailing address: 162 Gleason Street Delray Beach, FL 33483

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's signature:

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

Richard A. Crisonino 2534 S.W. 6th Street Miami, FL 33135

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.

Richard A. Crisonino, Registered Agent

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

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

Title:

Name and Address:

Managing member

Barbara Ehrlich 36 Wallacks Drive Cottage 2

Stanford, Connecticut 06902

Signature of Barbara Ehrlich, Managing Member

Managing member

Kevin A. Ryan P.O. Box 1655

Cape Canaveral, FL 32920

Signature of Kevin A. Ryan, Managing 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.)

Barbara Ehrlich, signee

Kevin A. Ryan, signee