## L04000023260

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<i>= #</i> )
PICK-UP	WAIT	MAIL
(Bi	isiness Entity Nan	ne)
(Dc	ocument Number)	
·	·	
Certified Copies	Certificates	s of Status
		<del></del>
Special Instructions to	Filling Officer:	1
		1
		1
		1
		j
		1
		}
<u> </u>		

Office Use Only



800030469378

03/17/04--01022--001 \*\*125.00

04 MAR | 6 PM 3: 10

## TRANSMITTAL LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: Q.A.Q. SHIP AND PORT SECURITY CONSULTING,

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

Please return all correspondence concerning this matter to the following:

Och 185 A. Cortes

(Name of Person)

(Name of Person)

(Name of Person)

(Address)

Surfside FL. 33154

(City/State and Zip Code)

For further information concerning this matter, please call:

Och Cortes

(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

AND PORT SECURITY CONSULTING, LL

**ARTICLE II - Address:** 

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

Principal Office Address:

8995 Colling Ave #705 Suiffide PL. 33154

Mailing Address:

8995 Collins Ave #705 Surfride FL. 33154

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

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

Name

8995 Colling Are. #705 Surfishe Pt. 33/;

Florida street address (P.O. Box NOT acceptable)

Sortside FL 33154 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, Florida Statutes...

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managir The name and address of each Manager	
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	0 1 0 1
MGR	Carlos A. Cortes
	501751de FL. 33154
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	Do White )
Signature of a member or an a	authorized representative of a member.
(In accordance with section 608 of this document constitutes at that the facts stated herein are to	affirmation under the penalties of perjury
(Varlai	A. Wartes. M. inted 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)

Maritime and electronic Security Consulting I.S.P.S.-code. Ships, ports and instalations, Preparation of Security Plans. On board ships, Ports and instalations.

Sale of Parts and Security Systems maintenance and training

Dated Marzo 11, 2004

Signature of a member or authorized representative of a member

Carlos Alberto Cartes Manje

OL MAR I 6 PM 3: 10