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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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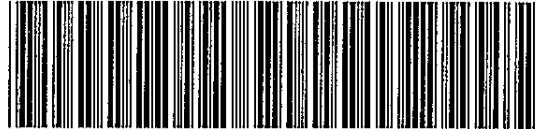
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 JUL 19 PM 1:57

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Regal Surveillance, LLC
(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:

Alan M. Forrester
(Name of Person)

Regal Surveillance
(Firm/Company)

3730 Falcon Ridge
(Address)

Weston, FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

Alan M. Forrester at (786) 236-7908
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLHASSEE, FLORIDA

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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:

Regal Surveillance, LLC

ARTICLE II - Address:

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

Principal Office Address:

6861 SW 196th Avenue

Suite # 304 - Box 10

Pembroke Pines, FL 33332

Mailing Address:

3730 Falcon Ridge

Weston, FL 33331

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

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

Alan M. Forrester

Name

3730 Falcon Ridge

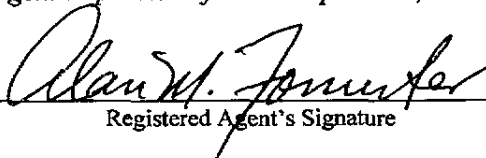
Florida street address (P.O. Box **NOT** acceptable)

Weston FLORIDA 33331

City, State, and Zip

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SECRETARY OF STATE
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, Florida Statutes..


Registered Agent's Signature

