

W5000015574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status 1

Special Instructions to Filing Officer:

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100046139711

02/10/05--01029--010 **130.00

FILED

05 FEB 10 PM 3:45

100046139711

The Legal Center

ATTORNEYS AT LAW

February 7, 2005

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CHILD IDENTIFICATION AND RECOVERY SYSTEMS, LLC

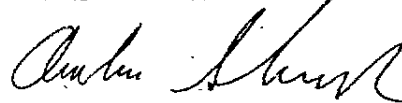
Greetings:

Enclosed please find the original and one copy of the Articles of Organization for the above-named limited liability company along with a check to cover the following expenses:

Filing Fee	\$100.00
Certificate of Status	5.00
Registered Agent Fee	<u>25.00</u>
TOTAL	\$130.00

Cordially yours,

THE LEGAL CENTER



Amber Schneck
Attorney

/ps

encls.

ARTICLES OF ORGANIZATION

FOR

CHILD IDENTIFICATION AND RECOVERY SYSTEMS, LLC

These Articles of Organization are signed and delivered by the undersigned for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I. NAME

The name of this limited liability company is: CHILD IDENTIFICATION AND RECOVERY SYSTEMS, LLC

ARTICLE II. PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the limited liability company is: Child Identification and Recovery Systems, LLC
9144 136th Street
Seminole, FL 33776

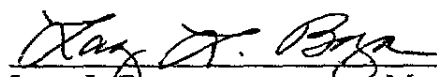
ARTICLE III. REGISTERED OFFICE AND AGENT

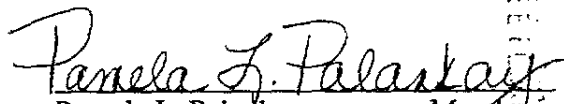
The name and street address of the initial Registered Agent and office of this limited liability company is: Larry L. Broga
9144 136th Street
Seminole, FL 33776

ARTICLE IV. MANAGEMENT

This limited liability company shall be managed by one or more members and is, therefore, a member -managed company.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7 day of February, 2005.


Larry L. Broga Member



Pamela L. Palankay Member

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 7th day of February, 2005, by Larry L. Broga and Pamela L. Palankay, who is personally known to me or who produced Drivers license's as identification.



Amber Schneck
MY COMMISSION # 00325780 EXPIRES
June 3, 2008


Notary Public

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05 FEB 10 PM 3:45

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent for Child Identification And Recovery Systems, LLC at the place designated in this certificate, namely Larry L. Broga

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.

Dated this 7th day of February, 2005.


LARRY L. BROGA Registered Agent