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TRANSMITTAL LETTER

	gistration Section vision of Corporations		
SUBJECT:	Vectorspace Properties, LLC		
	(Name of Limited Liability Company)		
The enclose	ed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	John A. Millspaugh		
	(Name of Person)		
	Best Security Industries, Inc.	2005 MAY 23	7
	(Firm/Company)	23	1
<u>755</u>	NW 17th Avenue, Ste. 101	SEE.	FILEU
	(Address)	- 75	
	Delray Beach, FL 33445	JRIDA'S	P
	(City/State and Zip Code)		
For further i	information concerning this matter, please call:		
John A. Mi	at (561) 900-2744		
<u> </u>	(Name of Person) (Area Code & Daytime Telephone Number	r)	

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

STATE WAS SELL	1005 111 23 THE PLOND	FILED
	0300	49

The name of the Limited Liability Company is:	
Vectorspace Properties, LLC	

ARTICLE I - Name:

The mailing address and street address of t	he principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
755 NW 17th Avenue, Ste. 101	
Delray Beach, FL 33445	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

John A. Millspaugh		
Name		
717-7 NE 12th Terrace		
Florida street addres	s (P.O. Box NOT acceptable)	
Boynton Beach,	FLORIDA 33435	
City, S	tate, and Zip	

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..

egistered Agent's Signature

Page 1 of 2 (CONTINUED)

<u> Citle:</u>	Name and Address:
MGR" = Manager	
MGRM" = Managing Member	٠) ،
• •	
MGRM	Terry M. Shahrabani
	1114 N Atlantic Drive
	Lantana, FL 33462
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Use attachment if necessary)	
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OTE: An additional article mi	ust be added if an effective date is reducated.
OTE: An additional article m	/ /
	ast be added if all effective date is requested.
	7/ //
	M M.
REQUIRED SIGNATURE:	NAY.
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.
Signature of a member of	or an authorized representative of a member.
(In accordance with section of this document constitution)	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
Signature of a member of	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury

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)