

L05000080096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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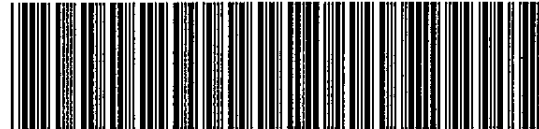
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

8/5/09

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Composite Technology Solutions, 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:

Marion I. Stams IV  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

4467 Turnberry Place  
(Address)

Niceville, FL 32578  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marion I. Stams IV at ( 850 ) 830-1988  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**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

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8/5/05

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Composite Technology Solutions, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

4467 Turnberry Place  
Niceville, FL 32578

#### Mailing Address:

4467 Turnberry Place  
Niceville, FL 32578

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

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

Marion I. Stams, IV

Name

4467 Turnberry Place

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

Niceville, FL 32578

City, State, 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, F.S..*

  
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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**ARTICLE IV – Manager(s) or Managing Member(s):**

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

Title:

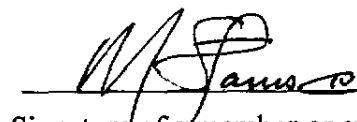
Name and Address:

MGRM	Marion I. Starns IV 4467 Turnberry Place Niceville, FL 32578
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**ARTICLE V – Effective Date:**

The effective date of organization for the subject Florida Limited Liability Company is August 5, 2005.

**Required Signature:**



Signature of a member or an authorized representative of a 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.)

Marion I. Starns IV

Name of Signee

**Filing Fees:**

- \$125.00 – Filing Fee for Articles of Organization and Designation of Registered Agent
- \$30.00 – Certified Copy (Optional)
- \$5.00 – Certificate of Status (Optional)

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