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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 553235 5017858

AUTHORIZATION :

*Patricia Pajot*

COST LIMIT : \$ 125.00

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ORDER DATE : August 19, 2005

ORDER TIME : 8:43 AM

ORDER NO. : 553235-005

CUSTOMER NO: 5017858

CUSTOMER: Sherry Wagner  
Bulova Technologies, Inc.

101 North Queen Street

Lancaster, PA 17604

DOMESTIC FILING

NAME: BULOVA TECHNOLOGIES ORDNANCE  
SYSTEMS LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BULOVA TECHNOLOGIES ORDNANCE SYSTEMS LLC

ARTICLE II - Address:

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

Principal Office Address:

2409 N. Falkenburg Road

Tampa, FL 33619

Mailing Address:

2409 N. Falkenburg Road

Tampa, FL 33619

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FLORIDA 32301

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, Florida Statutes..*

Corporation Service Company

By: Cynthia L. Harris

Registered Agent's Signature

**Cynthia L. Harris**  
as its agent


**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>Stephen L. Gurba</u>
	<u>322 Roebling Road South</u>
	<u>Belleair, FL 33756</u>
<u>MGR</u>	<u>Craig Schnee</u>
	<u>101 North Queen Street</u>
	<u>Lancaster, PA 17603</u>

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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.)  
 By: Craig Schnee  
 \_\_\_\_\_  
 Typed or printed name of signer

- 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)