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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Spy Systems LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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8/26/2005

FAX AUDIT # 4050002051603

**ARTICLES OF ORGANIZATION
OF
Spy Systems LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Spy Systems LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 107 Lyndhurst Dr., Longwood, Florida 32779.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Peter Smith, 107 Lyndhurst Dr., Longwood, Florida 32779. Located in the County of Seminole.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2045.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Peter Smith, 107 Lyndhurst Dr., Longwood, Florida 32779
Kimberley Smith, 107 Lyndhurst Dr., Longwood, Florida 32779


Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,
Madison, WI 53717

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FAX AUDIT # H050002051603CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Spy Systems LLC**

The name and address of the registered agent and office is Peter Smith, 107 Lyndhurst
Dr., Longwood, Florida 32779. Located in the County of Seminole.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: 

Peter Smith

Date: July 7, 2005

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