

L05000107439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

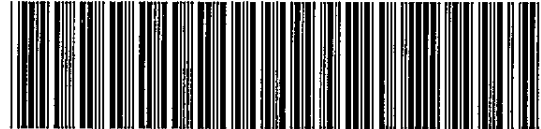
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORA FLAV

Office Use Only

*[Handwritten signature]*



500060999105

11/07/05--01001--014 \*\*160.00

FILED

05 NOV -4 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ECKARDT & KIMBRELL

A Florida Limited Liability Company  
P. O. Box 58118  
Jacksonville, Florida 32241-8118  
Telephone: 904-287-0404  
CELL: 904-612-0599  
[eckardtkimbrell@aol.com](mailto:eckardtkimbrell@aol.com)

BY FEDEX Airbill #834127976800

PERSONAL & CONFIDENTIAL

November 3, 2005

Mr. Buck Kohr  
DIVISION OF CORPORATIONS  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: TOUCHLESS ID, LLC.

Dear Buck;

Thank you, once again, for talking to me and taking the time to work through my questions regarding the enclosed Articles of Organization for our new company, TOUCHLESS ID, LLC.

Enclosed, please find our check for \$160.00 as required.

As per our telephone discussions, if there is any way to FAX (or e-mail) us a copy of the certificate, we would appreciate that very much! ONE POINT...we don't usually use a FAX machine, BUT...if you call us when your ready, we'll hook it up and turn it on.

Thanks again for all your wonderful assistance!

Sincerely,

  
Peggy C. Lee  
Member

FILED  
05 NOV -4 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Touchless ID, 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:

Peggy C. Lee

(Name of Person)

Eckardt & Kimbrell, LLC

(Firm/Company)

P.O. Box 58118

(Address)

Jacksonville, Florida 32241

(City/State and Zip Code)

FILED  
05 NOV -14 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peggy C. Lee

(Name of Person)

at ( 904 ) 287-0404

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Touchless ID, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

701 Grand Parke Drive  
Jacksonville, Florida 32259

#### Mailing Address:

P.O. Box 58118  
Jacksonville, Florida 32241

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Eckardt & Kimbrell, LLC

Name

701 Grand Parke Drive

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

Jacksonville, Florida 32259 FL

City, State, and Zip

FILED  
05 NOV -4 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Eckardt & Kimbrell, LLC

P.O. Box 58118

Jacksonville, Florida 32241

MGRM

ISC TECHNOLOGY GmbH & Co. KG

Memeler Strasse 5c

Bad Oldesloe, Germany 23843

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

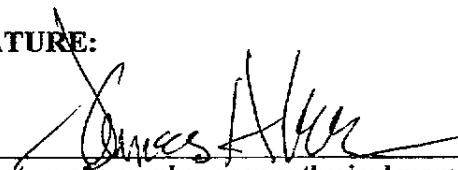
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

James H. Lee

Typed or printed 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)**