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(Cit	y/State/Zip/Phone	#)
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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE, TLORID/

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJI	ECT: Floridi	an Technical Soluti (Name of Limite	ons, LLC	ıny)	
			•	•	
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing	<b>;</b> .	
Please	return all corres <sub>l</sub>	ondence concerning this matte	er to the following	;	
	Steven T.	Slatem			
		(	Name of Person)	<del></del>	
	Floridian <sup>-</sup>	Technical Solution	s, LLC		
			(Firm/Company)	<u></u>	<u></u>
	2263 W.	New Haven Ave.	. #305		
			(Address)	·	
	Melbourr	ne, Florida 32904			
	Wordown	<del></del>	/State and Zip Code	<u>.                                    </u>	· 1 (
					4
For fur	ther information	concerning this matter, please	call:		
Stev	en T. Slate	em	at ( 321 )	214-599	97
<u></u>	Steven T. Slatem at (321 ) 214-5997 (Name of Person) (Area Code & Daytime Telephone Number)		elephone Number)		
Enclos	ed is a check for	or the following amount:			
	.00 Filing Fee	_	\$155.00 Fill Certified Copy (additional copy is	,	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporation	ns

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Floridian Technical Solutions, LLC	Limited Company" or their abbreviation "LLC," or "L.C.,")	.*≡
(Musi end with the words Entitled Elabinity Company,	Elimited Company of their appreviation ELC, or E.C., )	
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
2263 W. New Haven Ave., #305	2263 W. New Haven Ave., #305	- 4
Melbourne, Florida 32904	Melbourne, Florida 32904	
	the state of the s	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	rered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:	т,
Steven T. Slatem		E
N	lame To B	LED
281-A East Eau Gall		
Florida stree	et address (P.O. Box NOT acceptable)	
Indian Harbour Beach City, St	FL 32937 ate, 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..

cgistered 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:

<u>Title:</u>		Name and Address:			
"MGR" = Manag					
"MGRM" = Mar	naging Member	•			
MGR		Steven T. Slatem			
	<del>-</del> . +	281-A East Eau Gallie Blvd., #60		•	
		Indian Harbour Beach, FL 32937			
	· · ·				
					-
	<u> </u>			i	-
- 1171					
(Use attachment	if necessary)				
		02/07/2006	ODTION	( A T )	
ARTICLE V: Effective	date, if other than the date	e of filing: 02/07/2006 . (ecific and cannot be more than five but	OPTION	AL)	rior
to or 90 days after the d		ecinc and cannot be more than five bu	isiness u	ays p	1 101
o or 70 days after the a	are or ming.				
<u>REQUIRED</u> SI	GNATURE:	· · · · · · · · · · · · · · · · · · ·			
	(//	-()			
	Heron	- Shan	$\Xi_{\infty}$	0	
	Signature of a member of	an authorized representative of a member.		06 FEB	
	(In accordance with section	1 608.408(3), Florida Statutes, the execution	圣二		77
	of this document constitute that the facts stated herei	s an affirmation under the penalties of perjury	SS	0	F
		n are true.	<u></u>	10 AM 11: 42	ED
	Steven T. Slatem	or printed name of signee	72		
	Typeu	or trempa mana at arBusa		Ė.	
Filing Face			Orri	$\sim$	

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)