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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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104-98374

10-2-06

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Wildlife Detection, L. L. C.	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Michael C. Martinez	
(Name of Person)	
Florida Wildlife Detection, L. L. C.	
(Firm/Company)	_
560 Hanging Moss Rd.	
(Address)	
Davenport, FL 33837	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael C. Martinez at (863) 424-0207 (Area Code & Davring Talenhous Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	-
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, \$\bigcup \\$Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	S:
Florida Wildlife Detection, L. L. C. (Must end with the words "Limited Liability Company, "Lin	nited 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:	Mailing Address:
560 Hanging Moss Rd.	560 Hanging Moss Rd.
Davenport, FL 33837	Davenport, FL 33837
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the Michael C. Martinez	e registered agent are:
560 Hanging Moss Rd.	2006 SE
Florida street a	address (P.O. Box NOT acceptable)
Davenport, FL 33837	FL SE
City, State	and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as reg	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Registered Agent's Sign	nature(REQUIRED)

(CONTINUED)
Page 1 of 2

LIFECUIVE UNIT

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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:	
"MGR" = Manage "MGRM" = Mana		
MGR	Michael C. Martinez	
	560 Hanging Moss Rd.	•
	Davenport, FL 33837	
MGRM	Dale Moutz	
	3990 Liberty Hill Dr.	
	Clermont, FL 34711	-
	ate, if other than the date of filing: 10/2/06 . (OPTION. ed, the date must be specific and cannot be more than five business da	
REQUIRED SIG	NATURE:) }
;	M OM SE &	7
1	(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.)	PH 1:22
	and the state of t	

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)