

LO7000017574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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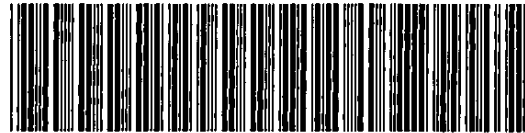
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 FEB 14 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien FEB 15 2007

LLC Filing Letter

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Date: February 2, 2007 .

LLC Filings Office:

I enclose an original and 2 copies of the proposed Articles of Organization of C4I Technologies, LLC, a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation, file-stamped copy of the original document or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the required fees is enclosed.

The above LLC name was reserved for my use. Reservation information is as follows: LLC Name Reservation # 2222, issued April 1st, 2005.

Sincerely,

Signed: Phyllis Marie Cullenbine

Phyllis Marie Cullenbine
2 David Street
Suite B
Fort Walton Beach, FL 32547
Telephone: (850) 301-9000

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I - Name:

The name of the Limited Liability Company is:

C4I Technologies, LLC

Article II - Address:

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

2 David Street, Suite B, Fort Walton Beach, FL 32547

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

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

Phyllis Marie Cullenbine

Name

604 Drakes Landing, Mary Esther, Florida 32569

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

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

Article IV - Manager(s) or Managing Members(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Michael A Cullenbine

2 David Street, Suite B, Fort Walton Beach, FL 32547

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Phyllis Marie Cullenbine
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.)

Phyllis Marie Cullenbine

Typed or printed name of signee

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)

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TALLAHASSEE, FLORIDA