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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50321

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## **COVER LETTER**

TO: Registration Se Division of Co		
<sub>SUBJECT:</sub> Advan	ced Automotive Vi	deo Systems, LLC
		d Liability Company)
The enclosed Articles o	f Organization and fee(s) are su	ubmitted for filing.
Please return all corresp	ondence concerning this matte	r to the following:
Katia Gal	anek	
	(1	Name of Person)
- <del></del>	(	Firm/Company)
2395 Ter	ence Ct.	
		(Address)
Clearwat	ter, FL 33759	
	(City)	State and Zip Code)
For further information	concerning this matter, please	call:
Katia Galanek		at (727) 796-0666 A Daytime Telephone Number)
(Name	of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for	or the following amount:	SSE O
■ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (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:

i ne name of the Limited Liability Compan	y is:
Advanced Automotive Video Systems	s, LLC
	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13424 SW 4th Lane	13424 SW 4th Lane
Newberry, FL 32669	Newberry, FL 32669
	····
business entity with an active Florida registration.)  The name and the Florida street address of	Registered Agent. You must designate an individual or another the registered agent are:
Katia Galanek	Name
·	Tall C
2395 Terence Ct.	
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)
Clearwater, FL 33759	FL SS SS
City, S	tate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.
Registered Agents	Signature (REQUIRED)
inglororod rightings	S. Drinning ( 1 Contract)

(CONTINUED)
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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" = Manager "MGRM" = Managing Men	nber
MGR	Alexander S. Galanek
	2395 Terence Ct.
	Clearwater, FL 33759
MGR	Stephen L. Friant
	13424 SW 4th Lane
	Newberry, FL 32669
MGR	Katia Galanek
	2395 Terence Ct.
	Clearwater, FL 33759
MGR	Jewel Friant
	13424 SW 4th Lane
	Newberry, FL 32669
(Use attachment if necessar	у)
•	
	er than the date of filing: May 15, 2007 (OPTIONAL)
	te must be specific and cannot be more than five business days prio
or 90 days after the date of filing	<i>(,)</i>
REQUIRED SIGNATURI	<b>₽</b> •

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.)

Alexander S. Galanek

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)