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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

D. BRUCE

FEB 16 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI		al Technolo		
The en	closed Articles of Organization and fee(s) are	e submitted for filing	5 .	
Please	return all correspondence concerning this ma	atter to the following	:	
	Joyce Ann Sorensen			
		(Name of Person)		
	Sorensen International	Technologie	es, LLC	
		(Firm/Company)		
	2622 Adams Street			
		(Address)		SEI
	Hollywood, Florida 3302	20		ARE EE T
	(C	tity/State and Zip Code)	13 ARY SSE
For fu	ther information concerning this matter, plea	se call:		PH 3: PF ST
Joy	ce Ann Sorensen	at (305	762-2561	: 27
	(Name of Person)	(Area Code	e & Daytime Telephon	e Number)
Enclos	sed is a check for the following amount:			
√ \$125	.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	py Ce v is enclosed) Ce	50.00 Filing Fee, partificate of Status & partified Copy ditional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding coutive Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Sorensen International Technologies, LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company is	s:

Principal Office Address:	Mailing Address:	
2622 Adams Street	2622 Adams Street	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual a moth business entity with an active Florida registration.)

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

Joyce Ann Sorensen

Name

2622 Adams Street

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

Hollywood, Florida 23020

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..

istered 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> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	er
President	Joyce Ann Sorensen
	2622 Adams Street
	Hollywood, Florida 33020
 	
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Effective date, if other t	han the date of filing: (OPTIONAL)
effective date is listed, the date in the date in the date of filing.)	must be specific and cannot be more than five business days prior
,	
REQUIRED SIGNATURE:	TAL SI
	SAN TO SEE TO THE SEA TO SEA T
Signature of a	member or an authorized representative of a member.
//	with section 608 408(3) Florida Statutes the execution
of this docume	ent constitutes an affirmation under the penalties of perjurges stated herein are true.)
	Ann Sorensen
	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)