

# L69060116079

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**  
**pan-american defense systems, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
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EXAMINER

12/7/2009

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PAN-AMERICAN DEFENSE SYSTEMS, 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:

Principal Office Address:

Mailing Address:

527 NORTH 26 AVE

527 NORTH 26 AVE

HOLLYWOOD, FL 33020

HOLLYWOOD, FL 33020

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CRISTIAN MAURICIO GONZALEZ

Name

527 NORTH 26 AVE

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

HOLLYWOOD, 33020 FL

City, State, 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.*

X Cristian P Gonzalez  
Registered Agent's Signature (REQUIRED)

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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 Member

MGRM

CRISTIAN M. GONZALEZ ORTEGA

527 NORTH 28 AVE

HOLLYWOOD, FL 33020

MGR

LUDY A. GONZALEZ ORTEGA

527 NORTH 28 AVE

HOLLYWOOD, FL 33020

MGR

DIONISIO GONZALEZ PARRA

527 NORTH 28 AVE

HOLLYWOOD, FL 33020

MGR

LUZ NIDIA ORTEGA VELASCO

527 NORTH 28 AVE

HOLLYWOOD, FL 33020

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** 12/3/09 (OPTIONAL)  
(if an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE

X Cristian M Gonzalez Ortega  
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.)

X Cristian Mauricio Gonzalez Ortega  
Typed or printed name of signer

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