

L16000101383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

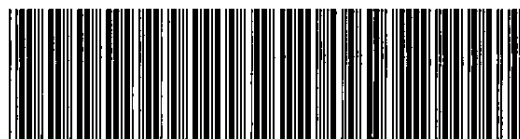
(Document Number)

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SEP 02 2010

EXAMINER

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2010

ALAN D KOTYK  
208 ARPIEKA AVE  
ST. AUGUSTINE, FL 32080

SUBJECT: DEFENSE SOLUTIONS & SUPPLY LLC  
Ref. Number: W10000041796

We have received your document for DEFENSE SOLUTIONS & SUPPLY LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 410A00021189

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEFENSE SOLUTIONS + SUPPLY  
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

ALAN D. KOTYK  
(Contact Person)

DEFENSE SOLUTIONS + SUPPLY LLC  
(Firm/Company)

208 ARPIEKA AVE  
(Address)

ST. AUGUSTINE, FLA 32080  
(City, State and Zip Code)

AKOTYK1@COMCAST.NET  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

ALAN KOTYK at (904) 377-9622  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☒ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DEFENSE SOLUTIONS + SUPPLY LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

208 ARPIEKA AVE  
ST. AUGUSTINE, FLA 32080

### Mailing Address:

208 ARPIEKA AVE  
ST. AUGUSTINE, FLA 32080

## 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:

ALLAN D. KOTYK  
Name  
208 ARPIEKA AVE  
Florida street address (P.O. Box NOT acceptable)  
ST. AUG FL 32080  
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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Andrew Polifko  
208 Arpieka Ave  
St. Augustine, FL 32080

MGRM

Alan Kotyk  
208 Arpieka Ave  
St. Augustine, FL 32080

MGRM

Christopher Kotyk  
208 Arpieka Ave  
St. Augustine FL, 32080

MGRM

John Kotyk  
208 Arpieka Ave.  
St. Augustine FL 32080  
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

**REQUIRED SIGNATURE:**

Alan D. Kotyk  
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.)

ALAN D. KOTYK

Typed or printed name of signee

FILED  
10 SEP 27 PM 4:02  
TALLAHASSEE  
FLORIDA

**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)