

# L110000014941

Florida Department of State  
Division of Corporations  
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**L. SELLERS**

FEB -4 2011

To:

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

**EXAMINER**

From: **Carrie L. Ramos, Paralegal please fax confirmation to 407 244-5690**

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

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**FLORIDA LIMITED LIABILITY CO.  
Military Photonic Systems, LLC**

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

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

**MILITARY PHOTONIC SYSTEMS, LLC**

**ARTICLE II**  
**Address**

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

**520 Virginia Drive  
Winter Park, Florida 32789**

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement or Regulations of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

**Name**

**Robert E. McKinney**

**Street Address**

**520 Virginia Drive  
Winter Park, Florida 32789**

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**ARTICLE V**  
**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Richard A. Rodgers  
GrayRobinson, P.A.  
301 E. Pine Street, Suite 1400  
Orlando, Florida 32801

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
**REGISTERED AGENT'S SIGNATURE**

In accordance with Section 608.408(3), Florida Statutes, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in Section 817.155, Florida Statutes.

  
\_\_\_\_\_  
**AUTHORIZED REPRESENTATIVE'S SIGNATURE**

**ROBERT E. MCKINNEY, MEMBER**  
Type 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)  
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