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(((H110001094783)))





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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: HAILE, SHAW & PFAFFENBERGER,

Account Number: 076326003550 Phone

: (561)627-8100

Fax Number

: (561)622-7603

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

True - 4 7	Address:	
E-Wall	ACCEUSS:	

FLORIDA LIMITED LIABILITY CO.

Military Communication Technologies, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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FAN: H11-109478

COVER LETTER

FAOI: HRights Section Division of Corporations SUBJECT: Military Communication Technologies, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Drennen L. Whitmire, Jr., Esquire Haile, Shaw & Pfaffenberger, P.A. 660 U.S. Highway One, Third Floor Address North Palm Beach, FL 33408 City/State and Zip Code edkeller9@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Drennen L. Whitmire, Jr. Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, \$130.00 Filing Fee & \$125.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

FAN: H11-109478

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



Military Communication Technologies, LLC

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

35C 10th Street		Same	
Shalimar, FL 32	579		
(The Limited Liability		erred Office, & Registered Age. Registered Agent. You must designate an in	
The name and the	ne Florida street address of t	he registered agent are:	景 景
	Drennen L. Whitmir	e, Jr., Esquire	22 日
	. N	ame	会会 原
	660 U.S. Highway One, Thir	rd Floor	Ha E C
	Florida stree	t address (P.O. Box NOT acceptable)	
	North Palm Beach	FL 33408	意言ら
	Cit	y, 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	r
MGRM	George Edward Keller, Jr.
	35 C 10th Street
	Shalimar, FL 32579
(Use attachment if necessary)	
	an the date of filing: <u>April 21, 2011</u> . (OPTION
fective date is listed, the date n	nust be specific and cannot be more than five business d
fective date is listed, the date n days after the date of filing.)	nust be specific and cannot be more than five business d
fective date is listed, the date n days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business d
fective date is listed, the date n days after the date of filing.) REQUIRED SIGNATURE: Signature of a recommendation of the signature of a recommendation of the signature of a recommendation of the signature	member of an archorized representative of a member.
fective date is listed, the date n days after the date of filing.) REQUIRED SIGNATURE: Signature of a in the date of filing.) (In accordance with section constitutes an affirmation I am aware that any false.	nust be specific and cannot be more than five business of

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)
FAN: H11-109478

Typed or printed name of signee