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

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
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**FLORIDA LIMITED LIABILITY CO.
VTS TRACKING SERVICES AND EQUIPMENT LLC**

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EXAMINER

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

VT5 TRACKING SERVICES AND EQUIPMENT LLC

ARTICLE II ADDRESS

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

901 BRICKELL KEY BOULEVARD #3004
MIAMI, FLORIDA 33131

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

MAURICIO PASOS
901 BRICKELL KEY BOULEVARD #3004
MIAMI, FLORIDA 33131

Having been named as registered agent 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


MAURICIO PASOS / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

MAURICIO PASOS

901 BRICKELL KEY BOULEVARD #3004

MIAMI, FLORIDA 33131

MANAGING MEMBER

MARCELINO FERNANDEZ-CRIADO

1221 BRICKELL AVENUE, STE 900

MIAMI, FLORIDA 33131

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X

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.

MAURICIO PASOS

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