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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JAN 4 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Phoenix Integrated 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:

Dennis R. Senne

Name of Person

Firm/Company

47 Mount Vernon Lane

Address

Palm Coast, FL 32164

City/State and Zip Code

dsenne@phoenixinttech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis R. Senne

Name of Person

at ( 904 ) 591-3136

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Phoenix Integrated Technologies 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:

47 Mount Vernon Lane  
Palm Coast, FL 32164

### Mailing Address:

47 Mount Vernon Lane  
Palm Coast, FL 32164

## 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:

Dennis R. Senne

Name

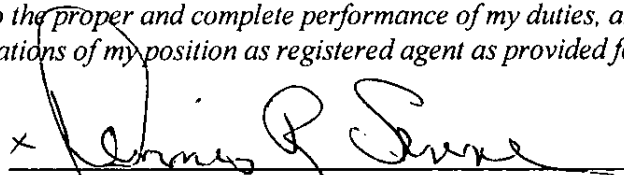
47 Mount Vernon Lane

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

Palm Coast FL 32164

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   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Dennis R. Senne  
47 Mount Vernon Lane  
Palm Coast, FL 32164

MGRM

Sam R. Spina  
48 Folson Lane  
Palm Coast, FL 32137

MGRM

Suzanne L. Kluszewski  
48 Folson Lane  
Palm Coast, FL 32137

MGRM

Loretta Senne  
47 Mount Vernon Lane  
Palm Coast, FL 32164

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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   
\_\_\_\_\_  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Dennis R. Senne

\_\_\_\_\_  
Typed or printed name of signee

**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)

Phoenix Integrated Technologies, LLC

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

Continued

Title:

Name and Address:

MGRM

Mike Moore  
9600 Deadfall Road  
Brighton, TN 38011

MGRM

Howard Sandusky  
616 Lost Key Drive #702a  
Pensacola, FL 32507

MGRM

Bruce Haupt  
2315 Papaya Place  
Merritt Island, FL 32952

MGRM

James P. Brdar  
11020 Wembley Landing Dr.  
Lithia, FL 33547

MGRM

Mildred Brdar  
11020 Wembley Landing Dr.  
Lithia, FL 33547

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