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T. BROWN

COVER LETTER

*	TO:		on Section f Corporations	•	Å.
	SUBJI	ЕСТ:		CHNOLOGY SERVICES, LLC mited Liability Company	2
	The en	iclosed Articl	es of Organization and fee(s) a	are submitted for filing.	
	Please	return all cor	respondence concerning this n	natter to the following:	
			RE	INALDO C. VALDES Name of Person	
Reinaldo C. Valdes, Private Investigator, Lic.# C.20002 Firm/Company					2000260
			62'	75 S. W. 85th Avenue Address	
				Miami, Florida 33143 City/State and Zip Code	
	_		E-mail address: (to be use	rvlp05@reagan.com ed for future annual report notifica	ation)
	For fur	rther informat	tion concerning this matter, ple	rase call:	
	-596-9192 lephone Number				
C	_	ed is a check	for the following amount: \$\Bigsis\$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)
		R D	Iailing Address egistration Section ivision of Corporations O. Box 6327	Street/Courier Add Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	40 £ 3
The name of the Limited Liability Company is:	
B V SECURITY TECH	NOLOGY SERVICES, LLC
	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	
The maning address and street address of the principal	office of the Emilied Elability Company is.
Principal Office Address:	Mailing Address:
6275 S W 85th Avenue Miami,	6275 S W 85th Avenue
Florida 33143	Florida 33143
The name and the Florida street address of the registere MIRTA L. VA Name	ALDES
Nam	·
6275 S _. W 85th	
Florida street address (P.O. Bo	ox NOT acceptable)
Miami,	FL 33143
City	Zip
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision. of my duties, and I am familiar with and accept the o	service of process for the above stated limited liability company at apt the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance abligations of my position as registered agent as provided for in apter 605, F.S
(CONTIN	UED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
"MGR"	REINALDO C. VALDES
	6275 S W 85th Avenue
	Miami, Florida 33143
· · · · · ·	
	
V: Effective date, if other than the tive date is listed, the date must	date of filing: <u>Date of Filing</u> . (OPTIONAL) ne specific and cannot be more than five business days prior to or
ctive date is listed, the date must I f filing.) 2 VI: Other provisions, if any. ose of the Limited Liability Com	date of filing: <u>Date of Filing</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or pany is to provide security and investigated services in accordable rules and regulations.
V: Effective date, if other than the ctive date is listed, the date must of filing.) VI: Other provisions, if any. ose of the Limited Liability Compared Laws; and any other applicant the compared of the Limited Liability Compared Laws; and any other applicant the course of the Limited Liability Compared Laws; and any other applicant the course of the Limited Liability Compared Laws; and any other applicant the course of the course	perspecific and cannot be more than five business days prior to or pany is to provide security and investigated services in accordable rules and regulations.
V: Effective date, if other than the tive date is listed, the date must filling.) VI: Other provisions, if any. ose of the Limited Liability Comba Laws; and any other applicate ECUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	be specific and cannot be more than five business days prior to or pany is to provide security and investigated services in accord
V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any. ose of the Limited Liability Comba Laws; and any other applicate ECUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	pany is to provide security and investigated services in accordance rules and regulations. a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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