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EXAMINER

COVER LETTER

•	, 21, 22, 121,	
TO: Registration Section Division of Corporations		
SUBJECT: <u>East Central Florida Search & Re</u> Name of Li	escue LLC mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Richard M. LaCroix	·····	
	Name of Person	
East Central Florida Search & Res		
	Firm/Company	
533 Ward Ave		
	Address	
Titusville, FL 32796	C'. /0 1. 7' . C . 1-	
	City/State and Zip Code	,
ecfsar01@hotmail.com E-mail address: (to be use	ed for future annual report notificat	tion)
For further information concerning this matter, ple	ase call:	7
Richard M. LaCroix at (321) 427-3267	
Name of Person		ephone 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	Street/Courier Addr Registration Section Division of Corporati	
D D (227	OUO TO THE	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
East Central Florida Search & Rescue LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
533 Ward Ave Titusville, FL 32796	533 Ward Ave Titusville, FL 32796
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Richard M. LaCroix	
Name	
533 Ward Ave	NOT constable)
Florida street address (P.O. Box I	NOT acceptable)
Titusville	FL 32796
City	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 605, F.S..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Richard M. LaCroix
	533 Ward Ave
	Titusville, FL 32796
AMBR	Michael S. Mullin
	Cape Canaveral, FL 32920
Use attachment if necessary)	
ctive date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of ctive date is listed, the date must be spe filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer	M. La Cray
E.V: Effective date, if other than the date of ctive date is listed, the date must be spending.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605)	mber or an authorized representative of a member.
E.V: Effective date, if other than the date of ctive date is listed, the date must be sperfilling.) E.VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mere (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State
CV: Effective date, if other than the date of ctive date is listed, the date must be spet filling.) CVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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