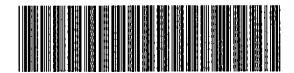
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 910 H



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ALLAHASSEE FLORIDA

12 PM 1:49

SEP 17 2014 D. BRUCE FROM:

James J. Baer

429 S. Heathwood Dr. Marco Island, FL 34145

(937) 245-1634

Subject:

**LLC Incorporation Papers** 

TO:

**Registration Section** 

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

Attached are articles of Incorporation.

James Baer

Attachment: Articles of Incorporation

2014 SEP 12 PM 1: 49

9 Sep 2014

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
ITM Engineering and Program Management, 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: Mailing Address:
Marco Island, FL Same
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:
James Baer
Name
429 S. Heathwood Dr.
Florida street address (P.O. Box NOT acceptable)
Marco Island FL City Zip 34146
M Gr (0 I S AN) FL Zip 34145
Having been named as registered agent and to accept service of process for the above stated limited liability empany a the place designated in this certificate. I hereby accept the appointment as registered agent and agree to accin 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
Registe fed Agent's Eignature (REQUIRED)
(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 9/10/14

ARTICLE I - Name:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBRUMGR	James J. BAER	
	Marca Island FL 34145	
		_
		_
		_
(Use attachment if necessary)		
ective date is listed, the date must be sport of filing.)	e of filing: <u>10 Sept 2014</u> (OPTIONAL)  pecific and cannot be more than five business days prior to c	or 90 c
E V: Effective date, if other than the datective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.	e of filing: 10 Sept 2014 (OPTIONAL)  pecific and cannot be more than five business days prior to c	or 90 c
ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to c	or 90 c
ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m	ember of an authorized representative of a member.	
REQUIRED SIGNATURE:  Signatury of a m  (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info	ember of an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this docume the penalties of perjury that the facts stated herein are true.	
REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo	ember of an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this docume ler the penalties of perjury that the facts stated herein are true. I material representation submitted in a document to the Department of State and as provided for in s.817.155, F.S.)	
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REOUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo	ember of an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this docume the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the Department of State are provided for in s.817.155, F.S.)	ent
REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und ! am aware that any false info constitutes a third degree felo  \$125.00 Filing Fee for Articles of Other \$30.00 Certified Copy (Optional)	ember of an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this docume ler the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)  MES J. BAER  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent	ent 2014 SEP
REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo  \$125.00 Filing Fee for Articles of Or \$30.00 Certified Copy (Optional)	ember of an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this docume ler the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)  MES J. BAER  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent	ent

ARTICLE IV-