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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Drone Business Systems, LLC</u> Name of I	Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
The er	nclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Bruce A. Rhea	Name of Person	
	Drone Business Systems, LLC.	Firm/Company	
	222 Hickman Drive	Address	<u>.</u>
	Sanford, FL 32771	City/State and Zip Code	
Ĺ.	chsimonton@gmail.com E-mail address: (to be u	sed for future annual report notifica	ation)
For fu	rther information concerning this matter, p	elease call:	
Richa	nrd Simonton at Name of Person	(<u>321</u>) <u>302-3457</u> Area Code Daytime Te	lephone Number
Enclos	sed is a check for the following amount:		
□ \$125.0	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	Street/Courier Add Registration Section	ress
	Division of Companions	Division of Company	tions

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

Registration Section Division of Corporations 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:	
Drone Business Systems, LLC, (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
222 Hickman Drive Sanford, FL 32771	222 Hickman Drive Sanford, FL 32771
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or)
The name and the Florida street address of the registered a	gent are:
Richard H Simonton, Sr. Name	
1771 Britt Road Florida street address (P.O. Box I	NOT acceptable)
Cocoa,	FL 32926
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in refer for factors. The cost of the proper and complete performance agents as provided for in refer for the cost of the proper agent as provided for in the cost of the proper agent as provided for in the cost of the proper agent agent as provided for in the cost of the proper agent a
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DUIRED SIGNATURE:	<i>+</i> 0
Tuche H Su	inte s
Signature of a member or a	n authorized representative of a member.
	all television of the case of
(In accordance with section 605.0203 (1)	
constitutes an affirmation under the penal	ties of perjury that the facts stated herein are true.
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