## 11500024489

(Re	questor's Name)	
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FEB'10 2015 J. BRUCE

## **COVER LETTER**

Division of Corporations		
SUBJECT: Patriot		
N	Name of Limited Liability Company	
The enclosed Articles of Organization a	and fee(s) are submitted for filing.	
Please return all correspondence concer-	ming this matter to the following:	
Patrick	Wagne / Name of Person	
,	Name of Person	
Patriot	Controls LLC	
	Firm/Company	
PoBox	951474	
	Address	
Late M	asy FL 32795	
Patriot con E-mail address:	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	
For further information concerning this	matter please call	
for further information concerning this	matter, prease can.	-
Patrick Wagner Name of Person	at (801) 710 - 333	Harrier Harrier Harrier
Enclosed is a check for the following an	nount:	
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee \$\sum \$130.00 Filing Fee \$\sum \$125.00 Filing Fee \$\sum \$\sum \$125.00 Filing Fee \$\sum \$125.00 Filing	ng Fee & □\$155.00 Filing Fee & ■\$160.00 Filing Fee  f Status Certified Copy Certificate of Status &	
Pu Certificate of	(additional copy is enclosed) Certified Copy	
	(additional copy is enclosed)	
Mailing Address	Street/Courier Address	
Registration Section	Registration Section	

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

TO:

**Registration Section** 

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:			
Patriot Coutrols LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	<del></del>		
(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:			
7025 CR 44A Ste 7025 CR 460 1071 #387 #387 Lake Mary FL 32746 Lake Mary FL	<u>4 5</u> 7	!e 10 46	71
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 another business entity with an active Florida registration.)	individua	al or	
The name and the Florida street address of the registered agent are:  Patrick Wagner  Name			
7025 CR 46A 5+e1071 # 387 Florida street address (P.O. Box NOT acceptable)			
Lake Maru FL 32746 City Zip			
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all statutes relating to the proper and color of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S.	igree to a mplete pe	ct in thi rformai	is nce
Registered Agent's Signature (REQUIRED)	FALLAHASS	2015 FEB -2	E NAME OF THE PARTY OF THE PART
(CONTINUED)  Page I of 2	40.13 33 4.5 45 A	P	
		£	

AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Patrick Wagner Popon 951474 Lake May FL 32793
Use attachment if necessary)	
. V: Effective date, it other than the date of the	filing: $\frac{\lambda - / - / 5}{}$ (OPTIONAL)
ctive date is listed, the date must be specifif filing.)  VI: Other provisions, if any.	filing:
ctive date is listed, the date must be specifif filing.)  CVI: Other provisions, if any.	filing: <u>A-/-/)</u> . (OPTIONAL) ic and cannot be more than five business days prior to or 90
ctive date is listed, the date must be specifif filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:	ic and cannot be more than five business days prior to or 90
CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	er or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State s provided for in \$ 817 155 F.S.)
CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information.)	er or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State s provided for in \$ 817 155 F.S.)
CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	er or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State s provided for in \$ 817 155 F.S.)

ARTICLE IV-

Page 2 of 2