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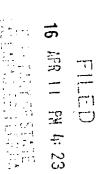
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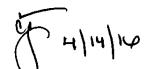
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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Delta Sensor Solutions LLC	
SOBJEC	CT:Name of Limited Liab	ility Company
The enclo	losed Articles of Organization and fee(s) are submitte	d for filing.
Please ret	eturn all correspondence concerning this matter to the	following:
	Gary Sterling	
	Name o	f Person
	Delta Sensor Solutions LLC	•
	Firm/C	ompany
	5415 Brilliance Cir	
	Ado	ress
	Cocoa, Florida 32926	
	City/State a gsterling808@gmail.com	nd Zip Code
	E-mail address: (to be used for future	annual report notification)
For further	er information concerning this matter, please call:	
	Gary Sterling 954	410-0669
	Name of Person Area Code	Daytime Telephone Number
Enclosed	d is a check for the following amount:	
\$125.00 I	Certificate of Status Certi	.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing 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 Liabilit	y Company is:				FIL	ΕD	
				16	AFR 11	PM	4: 23
Delta Sensor Solution	ns LLC					+ 11	,
		Liability Com	pany, "L.L.C.," or "LLC.")	320 1417	rollahi Allest		TATE OF DA
ARTICLE II - Address: The mailing address and street ac	ddress of the principal of	ffice of the Lim	ited Liability Company is:				
<u>Principa</u>	al Office Address:		Mailing Add	<u>dress</u> :			
5415 Brilliance Cir			5415 Brilliance Cir				
Cocoa, Fl 32926			Cocoa, Fl 32926				
The name and the Florida street a	ddress of the registered Gary Sterling	l agent are:					
	5415 Brilliance Cir	rume					
	Florida street address	s (P.O. Box NC	T acceptable)				
	Cocoa, Fl 32926						
	City	State	Zip				
laving been named as registered a lace designated in this certificate, arther agree to comply with the pr m familiar with and accept the ob	I hereby accept the appo ovisions of all statutes re ligations of my position o	ointment as reg. elating to the pr as registered ag	istered agent and agree to ac oper and complete performa ent as provided for in Chapt white gnature (REQUIRED)	ct in thi ince of	s capacity my duties,	. <i>I</i>	
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Page 1 of 2

ARTICLE IV	-
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:		Name and Address:	
"AMBR" = Authoriz	ed Member		
"MGR" = Manager			
AMBR		Gary Sterling	
		5415 Brilliance Cir	
		Cocoa, Fl 32926	
AMBR		Tracey-Anne Sterling	
		5415 Brilliance Cir	
		Cocoa, Fl 32926	
			
	_		
	•		
(Use attachment if ne	cessary)		
LEV: Effective date, if fective date is listed, the of filing.) If the date inserted in the	he date must be speci nis block does not mee	f filing: (OPTION ific and cannot be more than five business days price the applicable statutory filing requirements, this days	or to or 90 days
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