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COVER LETTER

Lasse Moen Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{c} \text{386} \\ \text{Area Code} \end{array} \text{Daytime Telephone Number} \end{array} \$125.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	TO:	New Filing Section Division of Corporations			
Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lasse Moen Name of Person BluWalker Drones LLC. Firm/Company 160 Ashby Cove Lane Address New Smyrna Beach/Florida/32168 City/State and Zip Code Imoen@dive.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Lasse Moen Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: [\$125.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified of Status & Certified Copy (additional copy is enclosed)	SHRIF				
Lasse Moon Name of Person	SUBSTA		ie of Limited Li	ability Company	
Name of Person	The encl	osed Articles of Organization and f	fec(s) are submi	tted for filing.	
Name of Person BluWalker Drones LLC. Firm/Company 160 Ashby Cove Lane Address New Smyrna Beach/Florida/32168 City/State and Zip Code Imoen@dive.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Lasse Moen Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Please re	eturn all correspondence concerning	g this matter to t	the following:	
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Firm/Company 160 Ashby Cove Lane Address New Smyrna Beach/Florida/32168 City/State and Zip Code Imoen@dive.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lasse Moen at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S125.00 Filing Fee Certificate of Status (additional copy is enclosed) Certificate Copy (additional copy is enclosed)			Nam	e of Person	
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New Smyrna Beach/Florida/32168 City/State and Zip Code Imoen@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lasse Moen 386 898-1995 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee Certificate of Status Certificate of Status & Certificate Opy (additional copy is enclosed) Certificate Copy			Firm	/Company	
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P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		P.O. Box 6327		Clifton Building	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
BłuWalker Drones L				
(Must cont	ain the words "Limited Lia	ibility Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal offic	ce of the Limited Li	ability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
160 Ashby Cove Lan	e	160 As	hby cove Lane	
New Smyrna Beach,	FL 32168	New St	myrna Beach, FL 32168	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a	cannot serve as its own Re	egistered Agent, Yo	s Signature: un must designate an individual or	
The name and the Florida street	address of the registered ag	gent are:		
	Lasse Moen			
		Vame		
	160 Asliby Cove Lane			
	Florida street address (1	PO. Box NOT acco	eptable)	
	New Smyrna Beach	Florida	32168	

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

MAR 15 PM 4:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Lasse Moen
	160 Ashby Cove Lane
	New Smyrna Beach, FL 32168
AMBR	Michele Moen
	160 Ashby Cove Lane
	New Smyrna Beach, FL 32168
	
(Use attachment if necessary)	
RTICLE V: Effective date if other than the date	of filing: May 21, 2017 (OPTIONAL)
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ne date of filing.) iote: If the date inserted in this block does not not document's effective date on the Department RTICLE VI: Other provisions, it any. REOUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be listed

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

S 5.00 Certificate of Status (Optional)

Lasse Moen

ARTICLE IV-

SECRETARY OF STATE

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