

L 99000006424  
Anthony L. Pullara

P.O. Box 18765 Tampa, Florida 33679

(813) 873-6061 Fax: (813) 655 - 8055

Florida Department of State  
Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

000003003400-3  
-10/04/99-01007-005  
\*\*\*160.00 \*\*\*160.00

To Whom It May Concern:

Enclosed are the Articles of Organization for the Florida Limited Liability Company to be known as Investigative Support Services, LLC. Also included is a check made payable to the Florida Department of State, in the amount of \$160.00, which includes the required filing fees for the Articles of Organization, Designation of Registered Agent, Certified Copy, and Certificate of Status.

If any additional information is needed, I, Anthony L. Pullara, as Registered Agent can be contacted at the following address and telephone number:

1406 Cloverfield Drive  
Brandon, Florida 33511  
(813) 873-6061

Sincerely,

*Anthony Pullara*

Anthony L. Pullara

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TALLAHASSEE FLORIDA

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whited-out Article VII  
per Mr. Pullara

# Articles of Organization For Florida Limited Liability Company

## ARTICLE I – Name

The name of the Limited Liability Company is:

- Investigative Support Services, L.L.C.

## ARTICLE II – Address

The mailing address and the street address of the principal office of the Limited Liability Company are:

- Mail: P.O. Box 18765  
Tampa, FL 33679
- Street: 1406 Cloverfield Drive  
Brandon, FL 33511

## ARTICLE III – Duration

The period of duration for the Limited Liability Company shall be:

- For thirty (30) years from and after the date the Florida Secretary of State issues a Letter of Acknowledgement, unless dissolved according to law.

## ARTICLE IV – Management

The Limited Liability Company is to be managed by a manager. The name and address of the manager is:

- Anthony L. Pullara
- Mail: P.O. Box 18765  
Tampa, FL 33679
- Street: 1406 Cloverfield Drive  
Brandon, FL 33511

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## ARTICLE V – Admission of Additional Members

The existing member(s) shall have the right to admit additional members to the Limited Liability Company upon such terms and conditions as the existing and additional members shall agree at their sole discretion. Any member who is subsequently admitted as a member of the Limited Liability Company shall have all the rights and obligations of a member under the "Limited Liability Company Agreement."

**ARTICLE VI – Members Rights to Continue Business**

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of an event, which terminates the continued membership of a member in the Limited Liability Company, the remaining members of the Limited Liability Company shall have the right to continue the business of the Limited Liability Company, or otherwise dissolve and liquidate the Limited Liability Company as provided by law.

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*Anthony Pullara*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

*Anthony L. Pullara*

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /  
REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATE STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is :
  - Investigative Support Services, L.L.C.
2. The name and Florida street address of the registered agent is:
  - Anthony L. Pullara  
1406 Cloverfield Drive  
Brandon, FL 33511

*Having been named as registered agent and to accept service for 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.*

  
\_\_\_\_\_  
Signature

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