Florida Department of State

Division of Corporations Fleetronie Film Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown

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Division of Corporations

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 annres.			

FLORIDA LIMITED LIABILITY CO. A 24 HOUR SECURITY & INVESTIGATIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
A 24 HOUR Secenity & Investigations ARTICLE II - Address: The mailing odd areas and the second and the second areas are second as the second areas and the second areas are second as the second areas are second areas a	_
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	C
17249 S.W. 192Nd S.T.	
Mami F1 33187	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limites' Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Abel CRuz	
Fan Abel Cruz 17249 S.W. 192 NdST	
Maini, Fl. 33187	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Tan Abel Cruz (AMBR)	SKOLEVAL OF AUXILIARIES

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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 herely 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..

Registered Agent's Signature (REQUIRED)