£03000016053

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1
}
}

Office Use Only



200016694882

05/01/03--01037--017 **160.00

03 MAY ~ | PM |: |

J.B. Miller P.O. Box 1579 Keystone Heights, FL 32656-1579

April 30, 2003

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

The owner and President of the Limited Liability Company, LandMark Fire & Security Systems, LLC, is J.B. Miller. My address and phone number is: P.O. Box 1579, Keystone Heights, FL 32656-1579 Area Code 352-473-0022.

Please feel free to contact me at the above number if you need any further information.

Respectfully,

J.B. Miller

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The Name of the Limited Liability Company is:

LandMark Fire & Security Systems, LLC

ARTICLE II - Address:

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

P.O. Box 1579 335 NE Commercial Circle, Suite B Keystone Heights, FL 32656-1579

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

J.B. Miller 4333 SE 1st Avenue Keystone Heights, FL 32656

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 608, F.S..

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore manager – managed company.

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

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

J.B. Miller
Typed or printed name of signee

STATE OF FLORIDA COUNTY OF CLAY

On this 30th day of April, 2003, personally appeared before me a Notary Public In and For the State of Florida, J.B. Miller who acknowledged, that he executed the foregoing for the purposes therein expressed. Personally Known: ______or Produced Identification:_____

Notary Public, State of Florida, Janet M. Barnhardt

