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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	ECT: Alexander Security And Protection LLC. Name of Limited Liability Company			
The end	closed Articles of Organization and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Alexander H Li			
	Name of Person			
	Firm/Company			
411 Orchard Drive				
	Address			
	Madison WI 53711			
HII Orchard Drive Address Madison WI 53711 City/State and Zip Code CWealth@att. net E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For furt	ther information concerning this matter, please call:			
<u>A</u>	Hexander H. Li at (608), 258-8440 Area Code & Daytime Telephone Number			
Enclos	sed is a check for the following amount:			
\$125 .0	00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alexander Security And Protection LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address:</u>
19H Savannah Park Loop Casselberry, FL 32707	194 Savannah Park Loop Casselberry, FL32707

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

James M Li				
Name				
194 Savannah Park Loop				
Florida street address (P.O. Box NOT acceptable)				
Casselberry FL 32707				
City, State, and Zip				

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 (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
Marm	James M Li 194 savannah Park toop Casselberry FL 32707			
MERM	Alexander H Li 411 Orchard trive Madison, WI 53711			
(Use attachment if necessary)	(a) al a DD			
	ne date of filing: $5an2b,200$. (OPTIONAL) be specific and cannot be more than five business days prior			
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.				
(In accordance with section 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.) HEXMMER H Typed or printed name of signee				

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE