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Florida Department of State
Division of Corporations
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RECEIVED
12 APR 25 PM 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
1 SECURITY GROUP, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 25 PM 12:14

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D. BRUCE
APR 26 2012
EXAMINER

H12000113023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1 Security Group, 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:

8720 NW 82ND ST
TAMARAC, FL 33321

Mailing Address:

19370 COLLINS AVE
1409
Sunny Isles FL 33160

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:

EDGAR FABIAN AVILA
Name

8720 NW 82 ST, TAMARAC
Florida street address (P.O. Box NOT acceptable)

TAMARAC FL 33321
City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

[Signature]
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

EDGAR FABIAN AVILA
8720 NW 82ND ST
TAMARAC FL 33321

MGRM

MARLYN A LOPEZ
19370 COLLINS AVE # 1409
SUNNY ISLES, FL, 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. 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.)

EDGAR FABIAN AVILA
Typed or printed name of signer

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

12 APR 25 PM 2:14

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