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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations		
SUBJECT: LockDown Executives LLC		
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Christopher Brown	Name of Person	
	Name of Person	
LockDown Executives	FiIG	
	Firm/Company	
1008 Mendonsa Road	Address	
Plant City FL 33563	City/State and Zip Code	
	riy/state and 2:th Code	
lockdown@gmail.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information concerning this matter, plea	ase call:	
Chris Brown at (813) 356-8309	
Name of Person		ephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Adda	<u>ress</u>
Registration Section Division of Corporations	Registration Section Division of Corporat	ions
P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
the name of the Difficed Diability Company is.		
LockDown Executives LLC.		
	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1008 Mendonsa Road	1008 Mendonsa Road	
Plant City FL 33563	Plant City FL 33563	
		
ARTICLE III - Registered Agent, Registered Office,		•
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registration		ial or
	•	
The name and the Florida street address of the registered	a agent are:	
Christopher E. Brown	A'ss	14
Name	e LAR	8 1
1008 Mendonsa Road		
Florida street address (P.O. Bo	ox NOT acceptable)	o j
Plant City	FL 33563_	2 77
City	Zip L'STA.	
Having been named as registered agent and to accept so	——————————————————————————————————————	E .
the place designated in this certificate, I hereby accep	ept the appointment as registered agent and agree to	act in this
capacity. I further agree to comply with the provisions		
of my duties, and I am familiar with and accept the ol Chai	видапопѕ ој ту posinon as registerea agent as provi pter 605, F.S	aea jor in
11	A	
Mr. Langua	Brown	
Registered Agent's Signa	ature (REOUIRED)	
	(

(CONTINUED)

Page 1 of 2

<u> Title:</u>	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Christopher Brown
	1008 Mendonsa Road
	Plant City FL 33563
MGR	Kenneth E. Collier
	4101 East Ridge Dr.
	Valrico FL 33596
	IAS -
	Page 1
	25
	<u> </u>
EV: Effective date, if other than the da	ate of filing: October 1, 2014 (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dactive date is listed, the date must be a filling.)	ote of filing: October 1, 2014 (OPTIONAL)
EV: Effective date, if other than the date that is listed, the date must be a filling.)	ote of filing: October 1, 2014 (OPTIONAL)
(Use attachment if necessary) E.V: Effective date, if other than the date to the date is listed, the date must be a filling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE:	ote of filing: October 1, 2014 (OPTIONAL)
E.V: Effective date, if other than the dactive date is listed, the date must be a filling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a secondance with section constitutes an affirmation un I am aware that any false information.	ote of filing: October 1, 2014 (OPTIONAL)
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EV: Effective date, if other than the dactive date is listed, the date must be a filling.) EVI: Other provisions, if any. REOUIRED SIGNAPURE: Signature of a in accordance with section constitutes an affirmation unit am aware that any false inficonstitutes a third degree fellows.	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)