

L15000167751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

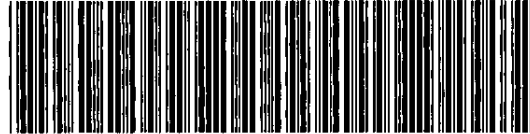
(Document Number)

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09/28/15--01019--016 **160.00

EFFECTIVE DATE

9-29-15

2015 SEP 28 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

OCT - 2 2015

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAMUEL'S SECURITY COMPANY, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAX G. SAMUEL

Name of Person

SAMUEL'S SECURITY COMPANY, LLC

Firm/Company

609 S. SWINTON AVENUE

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

maxgsamuel@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAX G. SAMUEL

941

467-2096

at ()

Name of Person

Area Code

Daytime Telephone 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

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
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:

SAMUEL'S SECURITY COMPANY, 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:

609 S. SWINTON AVE.
DELRAY BEACH, FL 33444

Mailing Address:

609 S. SWINTON AVE.
DELRAY BEACH, FL 33444

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:

PIERRE ANTOINE SAMUEL

Name

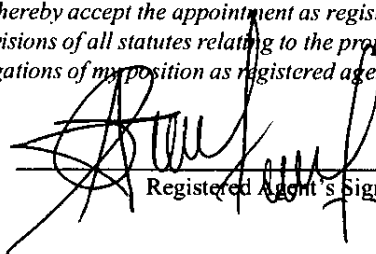
609 S. SWINTON

Florida street address (P.O. Box **NOT** acceptable)

DELRAY BEACH FL 33444

City State 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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
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TALLAHASSEE, FLORIDA

EFFECTIVE DATE
9-29-15

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MAX G. SAMUEL

609 S. SWINTON AVE

DELRAY BEACH, FL 33444

AMBR

PIERRE ANTOINE

609 S. SWINTON AVE

DELRAY BEACH, FL 33444

AMBR/MGR

CATHERINE FAWCETT

1855 E. TERRACE DR.

LAKE WORTH, FL 33460

(Use attachment if necessary)

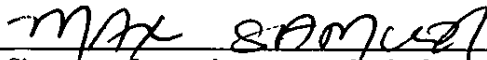
ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 29, 2015. (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MAX G. SAMUEL

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)