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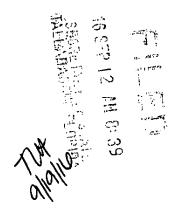
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## **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJECT	Safe Life Security Consultant L.	L.C	
SUBJECT	Name o	f Limited Liabi	ity Company
The enclose	ed Articles of Organization and fee(	s) are submitted	for filing.
Please retu	rn all correspondence concerning th	is matter to the	following:
	Leonard Velasquez		
		Name o	Person
			<u>.</u> .
		Firm/Co	ompany
	14958 SW 132nd Ave		
		Add	ress
	Miami, FL 33186		
		City/State a	nd Zip Code
-	Leovelasquez@safelifesecurity.net		annual report notification)
Dan Continuit			annual report notification)
For further if	nformation concerning this matter, p	nease can:	
	Leonard Velasquez	516 at (	234-2950
	Name of Person	,	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 Fi	siling Fee \$130.00 Filing Fee Certificate of Statu	s LLICertif	00 Filing Fee & \$160.00 Filing Fee, ied Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address Now Filing Section
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		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 Lial	bility Company is:		
Safe Life Securit	y Consultant LLC		
	end with the words "Limite	d Liability Company, '	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	et address of the principal of	office of the Limited L	iability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
14958 SW 132nd		14958	SSW 132nd Ave
Miami, FL 33186	· · · · · · · · · · · · · · · · · · ·	Miam	i, FL 33186
(The Limited Liability Comp another business entity with	any cannot serve as its owi an active Florida registrati	n Registered Agent. Yo on.)	's Signature: ou must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	any cannot serve as its owi an active Florida registrati	n Registered Agent. Yo on.)	
(The Limited Liability Comp another business entity with	any cannot serve as its owi an active Florida registrati	n Registered Agent. Yo on.)	
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registration eet address of the registere	n Registered Agent. Yo on.)	
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registration eet address of the registere	n Registered Agent. Yoon.) d agent are:	
(The Limited Liability Comp another business entity with	eany cannot serve as its own an active Florida registration eet address of the registere  Leonard Velasquez  14958 SW 132nd A	n Registered Agent. Yoon.) d agent are:	ou must designate an individual or
(The Limited Liability Comp another business entity with	eany cannot serve as its own an active Florida registration eet address of the registere  Leonard Velasquez  14958 SW 132nd A	n Registered Agent. Yoon.) d agent are:  Name	ou must designate an individual or

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)

Page 1 of 2

MGR" = Manager MGR	Leonard Velasquez 14958 sw 132nd Ave Miami, FL 33186	
	Miami, FL 33186	
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	ne applicable statutory filing requirements, this date	to or 90 da will not be
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REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor		will not be
REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida S	will not be
REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor Leonard Velasquez	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida S	Statutes.
REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor Leonard Velasquez	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Section submitted in a document to the Department only as provided for in s.817.155, F.S.	Statutes.
REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor  Leonard Velasquez Typ	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida S mation submitted in a document to the Department on a provided for in s.817.155, F.S.	Statutes.