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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Pfloffe #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
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S. HAWKES

JAN 2 0 2009

EXAMINER

COVER LETTER

TO: Registration So Division of Co				; ·
SUBJECT: THE S	ERVICE SHIELD,	LLC		
30 base 1.		ed Liability Compa	ny)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing	<u>5</u> .	
Please return all correspo	ondence concerning this matt	er to the following	:	
JANELLE (BAKER			
		(Name of Person)		
		(Firm/Company)		
10773 Ban	field Drive			
		(Address)		
Riverview,	FL 33579			
	(Cit	y/State and Zip Code)	
For further information of	oncerning this matter, please	call:		
JANELLE BAK	FR	", 813	486-5637	
	of Person)	_ at (& Daytime Telephone 1	Number)
Enclosed is a check for	r the following amount:			
\$125.00 Filing Fee	_	\$155.00 Filing Certified Cop (additional copy	by Certi is enclosed) Certi	.00 Filing Fee, ificate of Status & fied Copy ional copy is enclosed)
į.	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division of Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee. FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE SERVICE SHIELD, LLC (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10773 Banfield Drive	P.O. Box 1580
Riverview, FL 33579	Riverview, FL 33568
	75 00
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Name	, · · · · ·
10773 Banfield Drive	
Florida street add	lress (P.O. Box NOT acceptable)
Riverview	_{FL} 33579
City, State, a	nd Zip
	accept service of process for the above stated limited his 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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

. . .

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	DAYMAN BAKER
	10749 Banfield Drive
	Riverview, FL 33579
MGR	JANELLE BAKER
	10773 Banfield Drive
	Riverview, FL 33579
	JAN SHILL
	(A)
	नेपार्ड छ। मिल
	in the state of th
	<u> </u>
(Use attachment if necessary)	
CLE V. Effective data if other than th	o data of films.
offective date is listed the date must l	e date of filing: (OPTIONA be specific and cannot be more than five business day
days after the date of filing.)	be specific and cannot be more than five business day
REQUIRED SIGNATURE:	
	-30

(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.)

DAYMAN T. BAKER

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)