

02000027042

Alan Martinez  
9303-A Tiffany Terrace  
Tampa, FL 33610

② 10/11 PLCC

900008327919--1  
-10/11/02-01023-003  
\*\*\*\*125.00 \*\*\*\*125.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) \_\_\_\_\_ (Document #)

2. \_\_\_\_\_  
(Corporation Name) \_\_\_\_\_ (Document #)

3. \_\_\_\_\_  
(Corporation Name) \_\_\_\_\_ (Document #)

4. \_\_\_\_\_  
(Corporation Name) \_\_\_\_\_ (Document #)

Walk in  Pick up time \_\_\_\_\_  
 Mail out  Will wait \_\_\_\_\_

Certified Copy  
 Photocopy  Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED

02 OCT 11 AM 10:16  
S E C U R I T Y S T A T E  
T A L L A M A S S E F L O R I D A

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Secure Building Maintenance, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

9303-A Tiffany Terrace Tampa, FL 33610

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Alan Martinez

Name

9303-A Tiffany Terrace Tampa, FL 33

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

TAMPA, FL 33610

City, State, and 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 608, F.S.*

Alan Martinez

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

JOHN C. Pepe

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.)

JOHN C. Pepe

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SCHOOL BOARD OF STATE  
TALLAHASSEE, FLORIDA

**FILED**