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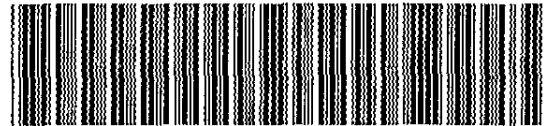
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERSONAL Protection System "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:

Daryl M. Thornton
(Name of Person)

PERSONAL Protection System "LLC"
(Firm/Company)

5312 VENTURA DR.
(Address)

Zephyrhills, FL 33541
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Daryl M. Thornton at (813) 713-5295
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Personal Protection System "LLC"

ARTICLE II - Address:

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

5312 Ventura dr Zephyr hills, FL 33541

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

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

Darryl M. Thornton
Name

5312 Ventura dr
Florida street address (P.O. Box NOT acceptable)

Zephyr hills FL 33541
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..

Darryl M. Thornton
Registered Agent's Signature

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

Darryl M. Thornton
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.)

Darryl M. Thornton
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)