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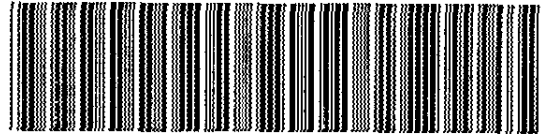
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TALLAHASSEE FLORIDA

03 OCT -3 PM 3:58

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOTAL SECURITY SERVICES, 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:

William T. Hatch JR.  
(Name of Person)

TOTAL SECURITY SERVICES, LLC  
(Firm/Company)

97 SPRINGDALE CIRCLE  
(Address)

PALM SPRINGS FL. 33461  
(City/State and Zip Code)

For further information concerning this matter, please call:

W. TOM HATCH at (561) 346-5143 cell  
(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:

Total Security Services, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

92 Springdale Circle  
PALM SPRINGS FL.  
33461

SAME

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

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

WILLIAM T. HATCH JR.  
Name

92 SPRINGDALE CIRCLE  
Florida street address (P.O. Box **NOT** acceptable)  
PALM SPRINGS FL 33461  
City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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.*

W. Tom Hatch  
Registered Agent's Signature

(CONTINUED)

