

L04000012368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

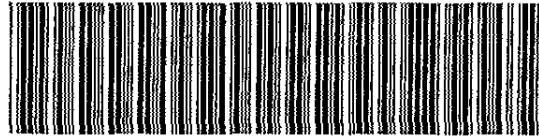
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800027947018

02/03/04--01016--020 **125.00

FILED

04 FEB -3 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L04-12368
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSET PROTECTION SYSTEMS "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:

ERIC R. SULLIVAN

(Name of Person)

(Firm/Company)

6679 ALLYN WAY

(Address)

PENSACOLA, FL 32504

(City/State and Zip Code)

For further information concerning this matter, please call:

ERIC SULLIVAN

(Name of Person)

at (740) 974-7666

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB -3 AM 11:19

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASSET PROTECTION SYSTEMS "LLC"

ARTICLE II - Address:

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

Principal Office Address:

6679 ALLYN WAY
PENSACOLA, FL 32504

Mailing Address:

6679 ALLYN WAY
PENSACOLA, FL 32504

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

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

ERIC SULLIVAN

Name

6679 ALLYN WAY

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

PENSACOLA FL 32504

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..



Registered Agent's Signature

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB - 3 AM 11:18

FILED

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ERIC SULLIVAN

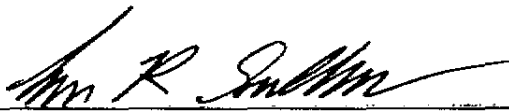
6679 ALLYN WAY

PENSACOLA, FL 32504

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

ERIC R. SULLIVAN

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB -3 AM 11:19

FILED