

L04000064202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

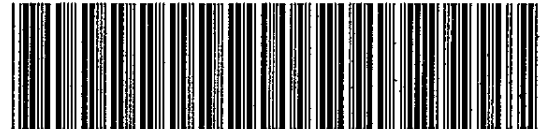
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600040052726

08/16/04--01029--017 **100.00

08/30/04--01015--016 **25.00

L208/31/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 30 AM 8:45

46

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRATEGIC PROTECTIVE 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:

MICHELLE MOTTOLA
(Name of Person)

FERENCIK LIBANOFF BRANDT BUSTAMANTE & WILLIAMS, P.A.
(Firm/Company)

150 SOUTH PINE ISLAND ROAD, SUITE 400
(Address)

PLANTATION, FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

IRA LIBANOFF at (954) 474-8080
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 30 AM 8:45



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 17, 2004

MICHELLE MOTTOLA
FERENCIK LIBANOFF BRANDT ET AL.
150 SOUTH PINE ISLAND ROAD, SUITE 400
PLANTATION, FL 33324

SUBJECT: STRATEGIC PROTECTIVE SERVICES, LLC
Ref. Number: W04000031355

We have received your document for STRATEGIC PROTECTIVE SERVICES, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 904A00050715

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 30 AM 8:45

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

STRATEGIC PROTECTIVE SERVICES, LLC

ARTICLE II - Address:

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

Principal Office Address:

7354 SW 135TH COURT

MIAMI, FL 33183

Mailing Address:

7354 SW 135TH COURT

MIAMI, FL 33183

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

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

IRA LIBANOFF, ESQ.

Name

150 S. PINE ISLAND ROAD., SUITE 400

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

PLANTATION

FLORIDA 33324

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, Florida Statutes..



Registered Agent's Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 30 AM 8:48

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

MGRM

Name and Address:

JOHN JOHNSTON

7354 SW 135TH COURT

MIAMI, FL 33183

(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.)

JOHN JOHNSTON

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 30 AM 8:45