

L040000077487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Guy 10/28/04

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Integrity Professional Protection LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

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☐ Call If Problem

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Examiner

Updater

Verifier

Acknowledgment

W P Verifier



Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTEGRITY PROFESSIONAL PROTECTION LLC

Article II - Address:

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

Principal Office Address:

7450 N OAKMONT DRIVE

HIACLEAH FL 33015

Mailing Address:

7450 N OAKMONT DRIVE

HIACLEAH FL 33015

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

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

FRANCISCO WILFREDO MENDOZA
Name

7450 N OAKMONT DRIVE
Florida street address (P.O. Box NOT acceptable)

HIACLEAH FL 33015
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

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TALLAHASSEE, FLORIDA

ARTICLE IV - Management / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

FRANCISCO WILFREDO MENDOZA

7450 N OAKMONT DRIVE

HALEAH FL 33015

(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.)

FRANCISCO WILFREDO MENDOZA

Typed or printed name of signee