

**L04000082695**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**FAMILY OFFICE LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FAMILY OFFICE LLC**ARTICLE II - Address:**

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

**Principal Office Address:**791 Crandon Blvd. Apt. 606Key Biscayne, FL 33149**Mailing Address:**791 Crandon Blvd. Apt. 606Key Biscayne, FL 33149**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Ignacio Pakciarz

Name

791 Crandon Blvd. Apt. 606Florida street address (P.O. Box **NOT** acceptable)Key BiscayneFLORIDA 33149

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 agree to enter with and accept the obligations of my position as registered agent as provided for in Chapter 606, Florida Statutes.*

X

Registered Agent's Signature

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**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:**MGRMIgnacio Pakciarz791 Crandon Blvd. Apt. 808Key Biscayne, FL 33149MGRMSusana G. Hernandez791 Crandon Blvd. Apt. 808Key Biscayne, FL 33149

(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.)

Ignacio Pakciarz, Member

Typed or printed name of signer

**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)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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Nov. 15. 2004 4:48PM

No. 1923 P. 4/4

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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Section 608.47, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered officer / registered agent in the State of Florida:

1. The name of the Limited Liability Company is: **STRATEGIC SECURITY SERVICES, L.L.C.**
2. The name and address of the registered agent and office is:

**ANTOINETTE M. VARI  
425 30<sup>th</sup> Avenue West, C-310  
Bradenton, Florida 34205**

Having been named as registered agent and to accept service of process for the above-named 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.

Dated: Nov. 15, 2004.



**ANTOINETTE M. VARI**  
Registered Agent

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FLORIDA  
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