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**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

RECEIVED
04 NOV 15 PM 4:18
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY
FAMILY OFFICE LLC**

FILED
04 NOV 15 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	03
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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. 606

Key Biscayne, FL 33149

Mailing Address:

791 Crandon Blvd. Apt. 606

Key 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. 606

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


Key Biscayne

FLORIDA 33149

City, State, and Zip

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STATE OF FLORIDA
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 agree to hold 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:

MGRM

Ignacio Pakciarz

791 Grandon Blvd. Apt. 808

Key Biscayne, FL 33149

MGRM

Susana G. Hernandez

791 Grandon Blvd. Apt. 808

Key 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)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 NOV 15 AM 9:30

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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 30th 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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TALLAHASSEE
FLORIDA
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