

L04000091283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

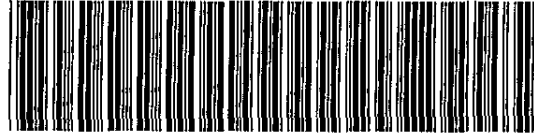
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



Office Use Only



800042681918

11/19/04--01058--020 **160.00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strategic Security Planners Ltd. Co.
(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:

Pauline J. Ford-Cesar
(Name of Person)

Strategic Security Planners Ltd. Co.
(Firm/Company)

2733 Carambola Circle S
(Address)

Coconut Creek, FL 33066
(City/State and Zip Code)

For further information concerning this matter, please call:

Pauline J. Ford-Cesar at 754-423-3386
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
 ☐ \$130.00 Filing Fee & Certificate of Status
 ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
 ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

DATE: 12/17/04
 BY: [Signature]
 FOR: "Suffix 'Ltd. Co.'"
 BY: [Signature]

204-9/283

04 NOV 19 AM 11:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Strategic Security Planners Ltd. Co.**ARTICLE II - Address:**

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

Principal Office Address:**Mailing Address:**2733 Carambola Circle S.
Coconut Creek, FL 33066**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Pauline J. Ford-Caesar
Name1008 SW 104 WayFlorida street address (P.O. Box **NOT** acceptable)Pembroke Pines, FL 33025
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.

Pauline J. Ford-Caesar
Registered Agent's Signature

(CONTINUED)

04 NOV 19 AM 11:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Pauline J. Ford-Caesar
1008 SW 104 Way
Pembroke Pines, FL 33025

MGR

Stanley P. Ford
2733 Carambola Circle S.
Geeport Creek, FL 33066

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Pauline J. Ford-Caesar
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.)

Pauline J. Ford-Caesar
Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)