

LOS 0000 14949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

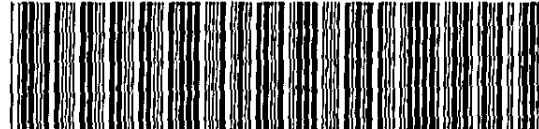
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W04-45655



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12/08/04--01015--008 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 14 PM 1:04

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & K Alarms, 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:

David Dalrymple
(Name of Person)

C & K Alarms
(Firm/Company)

1145 Webster Rd.
(Address)

Gautman GA. 31643
(City/State and Zip Code)

For further information concerning this matter, please call:

David Dalrymple at (229) 243-4357
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 14, 2004

DAVID DALRYMPLE
1145 WEBSTER RD
QUITMAN, GA 31643

SUBJECT: C & K ALARMS
Ref. Number: W04000045655

We have received your document for C & K ALARMS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The document must contain the names and street addresses of the members or managers of the limited liability company.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.Co." or "L.L.C."

Please return your document, along with 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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 704A00069660

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ALLA H. SEE
FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C & K Alarms L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

C & K Alarms L.L.C.
3100 Kennesaw St
FT. Myers FL 33916

C & K Alarms L.L.C.
1145 Webster Rd.
Quincy GA 31139

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

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

David Dalrymple
Name

3100 Kennesaw St.

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

FT. MYERS FL 33916

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.

[Signature]
Registered Agent's Signature

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FLORIDA
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(CONTINUED)

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

David Dalrymple
1145 Webster Rd
Guthrie GA 31643

(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.)

David Dalrymple
Typed or printed name of signee

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)

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TALLAHASSEE, FLORIDA