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SECRETARY OF STATE
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Top BRASS INVESTIGATIVE SERVICES 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:
Jesse L. CAMphell (Name of Person)
Top Brass Investigative Services LLO
331 WILTON CIRCLE (Address)
SANFORD, FLORIDA 32773 (City/State and Zip Code)
For further information concerning this matter, please call:
Jesse L. Campbell at 407 330-9426 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S125.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)
Registration Section Registration Section Division of Corporations Division of Corporations Division of Corporations
409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
TOP BRASS I NVESTIGATIVE SERVICES LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
331 WILTON CIRCLE SANFORD, FLORIDA 32773 SANFORD, FLOVIDA 32773	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:	
Jesse L. Campbell Name	
331 WILTON CIRCLE Florida street address (P.O. Box NOT acceptable)	
SANFORD FL 32773 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 denote with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.	
Gene J. Campbell Registered Agent's Signature	

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Jesse L. Campbell 331 WILTON CIRIE SANFORD FL. 32773
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signer of a manh	er or an authorized representative of a member.
	•
(In accordance with se of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
JESSE	L. CAMPhe LARRY STATES Toped or printed name of signee
T	yped or printed name of signee ARE TARRY SSET ARE TARRY SSET
Filing Fees:	SSEE, FL
\$125.00 Filing Fee for Articles of Orga	
of Registered Agent \$ 30.00 Certified Copy (Optional)	ORIO
\$ 5.00 Certificate of Status (Optiona	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: