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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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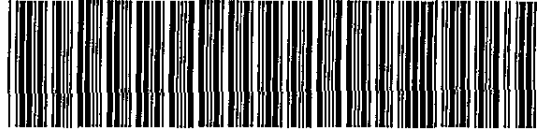
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2005 JUN 29 PM 1:13  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUL - 5 2005

6/27/05

To Whom It May Concern:

The following information is provided along with the articles of organization and check enclosed:

Phillip Harry Davis, Sr.  
4321 Via Del Santi Drive  
Venice, Florida 34293

(941) 408-7859 (H)

(941) 408-4696 (C)

Sincerely

Phillip H. Davis, Sr.  
PHILLIP H. DAVIS, SR.

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAVIS SECURITY 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:

PHILLIP H. DAVIS, SR.  
(Name of Person)

DAVIS SECURITY SERVICES, LLC.  
(Firm/Company)

4321 VIA DEL SANTI DRIVE  
(Address)

VENICE, FLORIDA 34293  
(City/State and Zip Code)

For further information concerning this matter, please call:

PHILLIP DAVIS at 941 408-4696  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DAVIS SECURITY SERVICES, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

4321 VIA DEL SANTI DRIVE  
VENICE, FLORIDA 34293

4321 VIA DEL SANTI DRIVE  
VENICE, FLORIDA 34293

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

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

PHILLIP H. DAVIS, SR.  
Name

4321 VIA DEL SANTI DRIVE  
Florida street address (P.O. Box **NOT** acceptable)  
VENICE FL 34293  
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..*

Phillip H. Davis, Sr.  
Registered Agent's Signature

(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.

PHILLIP H. DAVIS, SR.  
4321 VIA DEL SANTI DRIVE  
VENICE, FL. 34293

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Phillip H. Davis, Sr.  
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.)

PHILLIP H. DAVIS, SR.  
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)