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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECTION STATE



COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: <u>Ultra Cruard Home Protection</u> , 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:
Name of Person) Ultra Guard Nome Protection, LLC (Firm/Company)
(Name Of 1 of South
(Firm/Company)
14150 US Hwy 98N (Address)
Kathleen, FL 33849 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Tana Day at (863) 853-6804 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Ultra Guard Nome (Must end with the words "Limited Liability Company, "Limited	Protection, 12C d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14150 US Hwy 98N Kathleen, FL 33849	14150 US Hwy 98N Kathleen, FL 33849
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
Tana Day	
14150 US	Hwy 98 N ress (P.O. Box NOT acceptable) 750 AHABA OV AHABA OV
	FL 33849 ad Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
- hun Da	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	Tana Day 14150 US Hary 98N Kathleen FL 33849
mGR m	Gerald Cabral 14150 US Hwy 98N Kathleen, FL 33849
m G R M	Chad Cabral 14150 US Hwy 9811 Kathleen, FL 33849
mgr M	Jennifer Cabral 14150 US Hwy 98N Kathleen, FL 33849
(Use attachment if necessary)	,
LE V: Effective date, if other telective date is listed, the date days after the date of filing.)	must be specific and cannot be more than five business da
REQUIRED SIGNATURE:	
<u>REQUIRED</u> SIGNATURE:	1 1
	Jana Day
(In accordance of this docume	member or an authorized representative of a member. e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury s stated herein are true.)

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)

Attachment to Article IV - Manager(s) or Managing Member(s):

Title:

Name and Address:

MGRM

Anthony Muccini TIL

PO Box 25

Mendon, MA

05 NOV -7 PH 2: 08

APPINO ED