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(City/State/Zip/Phone #)

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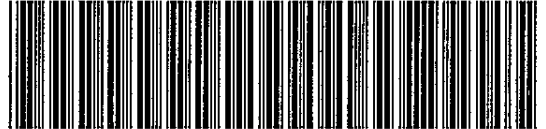
789, 2826, 671

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Office Use Only

*[Signature]*

WOG-18200



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04/14/06--01051--014 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR 14 AM 11:29

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A.M.I.S. & PROTECTION, 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:

JIMMY MAHEUX

(Name of Person)

A.M.I.S. & PROTECTION, LLC

(Firm/Company)

14345 SW 120st unit 3,

(Address)

Miami, Florida 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

JIMMY MAHEUX

(Name of Person)

at ( 305 ) 978-4672

(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)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2006

JIMMY MAHEUX  
PO BOX 770934  
MIAMI, FL 33177

*Change name  
to protection*

SUBJECT: A.M.I.S INVESTIGATION, LLC  
Ref. Number: W06000018200

We have received your document for A.M.I.S INVESTIGATION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 14, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days 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: 306A00026259

SECRET  
FLORIDA  
STATE

06 APR 14 AM 11:29

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A.M.I.S. & PROTECTION, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

14345 SW 120st unit 3,

Miami, Florida 33186

**Mailing Address:**

P.O. BOX 770934

MIAMI, FLORIDA 33177

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JIMMY MAHEUX

Name

14345 SW 120st unit 3,

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

Miami, Florida 33186

FL

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

MGRM

JIMMY MAHEUX

14345 SW 120st unit 3,

Miami, Florida 33186

MGRM

JANET MAHEUX

14345 SW 120st unit 3,

Miami, Florida 33186

MGRM

LENNY ARIAS

14345 SW 120st unit 3,

Miami, Florida 33186

MGRM

ANNA CUBILLOS

14345 SW 120st unit 3,

Miami, Florida 33186

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: APRIL 14th, 2006 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

JIMMY MAHEUX

\_\_\_\_\_  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR 14 AM 11:29

FILED