

LD6000103328

1st Alert Claims Service
(Requestor's Name)

PO Box 9649
(Address)

(Address)

Treasure Island FL 33740
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # _____

**ARTICLES OF ORGANIZATION
OF
FIRST ALERT! CLAIMS SERVICE, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **FIRST ALERT! CLAIMS SERVICE, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 12412 Lagoon Lane # 2, Treasure Island, Florida 33706.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Julie Youmans, 12412 Lagoon Lane, # 2, Treasure Island, Florida 33706 . Located in the County of Pinellas. Bradley D. Scroggins, 526 Normandy Rd, Madeira Beach, FL 33708

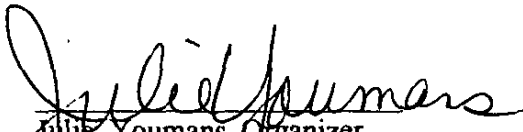
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Julie Youmans, 12412 Lagoon Lane # 2, Treasure Island, Florida 33706
Brad Scroggins, 526 Normandy Rd, Madeira Beach, Florida 33708


Julie Youmans, Organizer
12412 Lagoon Lane # 2, Treasure Island, Florida 33706
727-363-3635

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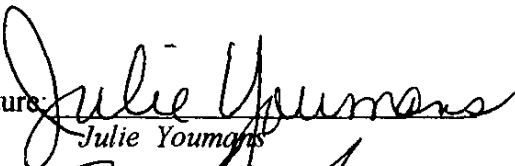
CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

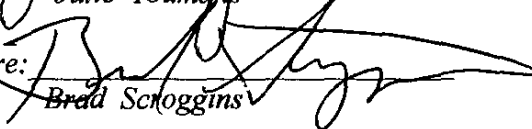
The name of the limited liability company is: **FIRST ALERT! CLAIMS SERVICE**

The name and address of the registered agent and office is Julie Youmans, 12412 Lagoon Lane #2, Treasure Island, Florida, located in the County of Pinellas.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: 
Julie Youmans

Date: 10/20/06

Signature: 
Brad Schoggins

Date: 10/20/06

FAX AUDIT # _____