

Florida Department of State
 Division of Corporations
 Accounts Section
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
 Account Number : 071001002335
 Phone : (305) 599-0839
 Fax Number : (305) 716-0346

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 DEC 11 AM 10:08

RECEIVED

06 DEC 11 PM 4:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ACE PROTECTION SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company
Ace Protection Services, LLC

ARTICLE II - Address:

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

**160 W. Evergreen Ave.
Suite 101
Longwood, Florida 32750**

Article III - The purpose for which this limited Liability Company is organized is:

TO CONDUCT ANY AND ALL LAWFUL BUSINESS FOR PROFIT

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Lisa M. Metcalf

Name

160 W. Evergreen Ave. Ste #101

Florida street address

Longwood, Florida 32750

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 obligation of my position as registered agent as provided for in Chapter 608m F.S.


Registered Agent's Signature

ARTICLE V - Management:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


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

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that the facts stated herein are true.)

Lisa M. Metcalf

Typed or printed name of the signer

ARTICLE VI - Name and address of managing member/manager is:

Title: MGRM

Lisa M. Metcalf

160 W. Evergreen Ave. Ste #101

Longwood, Florida 32750

ARTICLE VII - Effective date of filing: December 11, 2006

Signature of member or an authorized representative of a member

Signature:


Lisa M. Metcalf

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