

LO7 0000 31982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

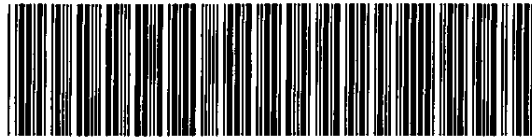
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OFFICE: (407) 894-6447  
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**LAW OFFICES OF MICHAEL L. MOORE  
AND ASSOCIATES, P.A.**

*A Full Service Law Firm*

2208 HILLCREST ST.  
ORLANDO, FL 32803

- CORPORATE & BUSINESS
- ENTERTAINMENT
- CIVIL LITIGATION
- WILLS
- PERSONAL INJURY

- EMPLOYMENT
- DISCRIMINATION
- COMMERCIAL LITIGATION
- PROBATE
- WRONGFUL DEATH

March 20, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

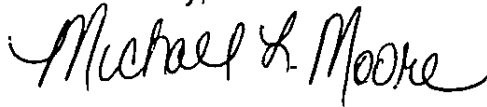
Re: Secure Luggage, LLC  
Articles of Organization

Dear Sir/Madam:

Please find enclosed two (2) executed Articles of Organization for Secure Luggage, LLC for filing. Also enclosed is a check in the amount of \$160.00 as payment of the filing fee.

Please return a certified copy of the Articles to the address above, and feel free to contact me if you have any questions.

Sincerely,



Michael L. Moore

MLM:mkr  
Enclosures (3)

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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:

Secure Luggage, LLC

**ARTICLE II – Address:**

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

**Principal Office Address**

3315 Redash Circle  
Oviedo, Florida 32766

**Mailing Address**

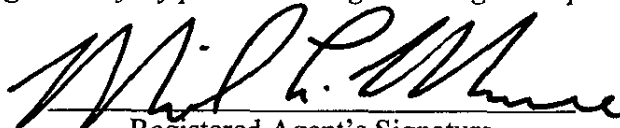
3315 Redash Circle  
Oviedo, Florida 32766

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature**

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

Michael L. Moore, Esquire  
2208 Hillcrest Street  
Orlando, Florida 32803

*Having been named as registered agent and to accept service of process for 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, Florida Statutes.*

  
Registered Agent's Signature

**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

Suzanne Marie Beacham  
3315 Redash Circle  
Oviedo, Florida 32766

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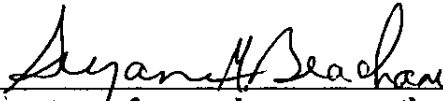
MGR

Kip Rodney Beacham

3315 Redash Circle

Oviedo, Florida 32766

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)



Typed or printed name of signee

**Filing fees enclosed**

**\$100.00 Filing Fee for Articles of Organization**

**\$25.00 Designation of Registered Agent**

**\$30.00 Certified Copy**

**\$ 5.00 Certificate of Status**

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