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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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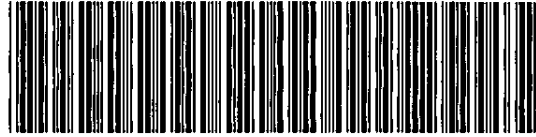
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2007 APR 3

DB

**LAW OFFICES
ANN PORATH**

WELLINGTON COUNTRY PLAZA
SUITE 209
12773 FOREST HILL BOULEVARD
WELLINGTON, FLORIDA 33414
TELEPHONE (561) 798-2907
FAX (561) 790-3519

March 28, 2007

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

Re: M & M Protection, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Organization for Florida Limited Liability Company for the above corporation, together with a check in the amount of \$135.00 payable to the Secretary of State representing the filing fee, a certified copy and a Certificate of Status.

Kindly return the stamped, filed copy and the Secretary of State letter to me in the enclosed self-addressed stamped envelope provided for your convenience.

Thank you for your cooperation in this matter.

Very truly yours,


Ann Porath

AP/amo
Encs.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registered Section
Division of Corporation

SUBJECT: M & M PROTECTION, LLC

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANN PORATH, ESQ.
12773 FOREST HILL BOULEVARD
SUITE 209
WELLINGTON, FL 33414

For further information concerning this matter, please call:

ANN PORATH, ESQ. at 561/798-2907

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32399

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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: M & M PROTECTION, LLC

ARTICLE II – Address:

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

Principal Office Address:

1550 Firethorn Drive
Wellington, Florida, 33414

Mailing Address:

1550 Firethorn Drive
Wellington, Florida, 33414

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ALLAHASSEE FLORIDA

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

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

Kenneth S. Goodman
1550 Firethorn Drive
Wellington, Florida, 33414

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 property 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.


KENNETH S. GOODMAN

ARTICLE IV – Manager(s) or Managing Members(s):

The Name and address of each Manager or Managing Member is as follows:

Title

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Kenneth S. Goodman
1550 Firethorn Drive
Wellington, Florida, 33414

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:


KENNETH S. GOODMAN

(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.)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Filing Fee:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)