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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: EMPIRE	INSTALLATION SE	ERVICES, LI	_C				
	(Name of Limite	d Liability Compa	any)				
	Organization and fee(s) are s		_				
•	•		,•				
ALAIN GAR		Name of Person)		· · · • • • • • • • • • • • • • • • • •	<u></u>		
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EMPIRE INS	STALLATION SER						
		(Firm/Company)			+		
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 		(Address)	· · · · · · · · · · · · · · · · · · ·		毛面	PR	10
TOWN OF	CUTLER BAY, F	I ORIDA 3	3157		SST	2	LEEC.
10111101		/State and Zip Code			<u></u>	0	
	, (***)		•		EST.	PH 12:	
For further information co	oncerning this matter, please	call:			ATE RIDA	: - 8	- ,225
RENEE NIETO		at (305	989-957	5			
(Name o	f Person)		e & Daytime T	elephone Number	r)		
Enclosed is a check for	the following amount:						
☐ \$125:00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Find Copy (additional copy	у	\$160.00 Certificate of Certified C (additional co)	of Statu	s &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exc	ourier Addression Section of Corporation Suilding Secutive Center See, FL 32301	ns			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

EMPIRE INSTALLATION SERVICES, LLC (Must end with the words "Limited Liability Company, "Lin	mited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9434 STERLING DRIVE	9434 STERLING DRIVE
TOWN OF CUTLER BAY, FL. 33157	TOWN OF CUTLER BAY, FL. 33157
The name and the Florida street address of the RENEE Na	
949 s.u	
Florida street	address (P.O. Box NOT acceptable)
Hlami City, Sta	FL 33184-3076 7 7 7 1te, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
12	- Luo
Registered Agent's Si	gnature (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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR **ALAIN GARCIA** 9434 STERLING DRIVE TOWN OF CUTLER BAY, FL. 33157 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: __ (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.)

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)

Typed or printed name of signee

STATEMENT OF OWNERSHIP

This certifies that I, Alain (Oacia an (APPLICANT'S NAME)	a member or
managing member of Empire Installation Security Company Name)	ervices, LLC
I own% of the units issued by the Limited Liability listed above.	Company
Affidavit of Applicant: I certify that the information contained	herein is true
and correct to the best of my knowledge.	
X ALAIN GARCIA	
(PRINT NAME)	O7 APR SECRETA
(APPLICANT'S SIGNATURE)	NRY SSE
× 3/31/07	PHIZ:
(DATE)	18