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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY 16 PM 1:52

JB

COVER LETTER

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: National Saferooms, LLC

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

Please return all correspondence concerning this matter to the following:

Kriss Hammond
National Saferooms, LLC
11380 Prosperity Farms Rd.
Suite 113
Palm Beach Gardens, FL 33410

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For further information concerning this matter, please call:

Kriss Hammond at 561-775-2588

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|---|

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

National Saferooms, LLC

ARTICLE II - Address:

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

Principal Office Address:

**11380 Prosperity Farms Rd.
Suite 113
Palm Beach Gardens, FL 33410**

Mailing Address:

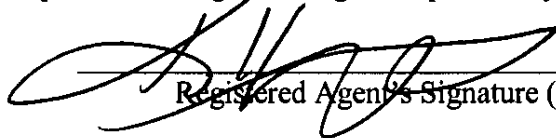
**11380 Prosperity Farms Rd.
Suite 113
Palm Beach Gardens, FL 33410**

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

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

**Consulting Partners Network, Inc.
11380 Prosperity Farms Rd.
Suite 113
Palm Beach Gardens, FL 33410**

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 obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

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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:

MGR

**Consulting Partners Network, Inc.
11380 Prosperity Farms Rd.
Palm Beach Gardens, FL 33410**

ARTICLE V:

The type of limited liability company is as follows:

National Saferooms, LLC is a manager-managed limited liability company.

REQUIRED SIGNATURE:

(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.)



Kriss Hammond, President of Consulting Partners Network, Inc., Sole Manager

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