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DIVISION OF CORPORATIONS
ON AUG 29 AH 11: 49

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Certified Private Investigators, LLC		
(Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Luis O. Vega		
(Name of Person)	—	
Certified Private Investigators, LLC		
(Firm/Company)		
Certified Private Investigators, LLC  (Firm/Company)  2244 S. Federal Hwy, #167  (Address)  Stuart, FL 34994		
(Address)	ORAI HII	
Stuart, FL 34994	9	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Luis O. Vega at ( 561 ) 503-8942		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:	)	
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$\$\$ \$\sum \\$\$\$\$ \$\sum \\$\$\$\$ \$\sum \\$\$\$ \$\sum \\$\$\$\$ \$\sum \\$\$\$\$ \$\sum \\$\$\$\$ \$\sum \\$\$\$\$ \$\sum \\$\$\$\$ \$\sum \\$\$\$\$\$ \$\sum \\$\$\$\$\$ \$\sum \\$\$\$\$\$ \$\sum \\$\$\$\$\$\$\$\$\$ \$\sum \\$	s &	
Malling AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY **ARTICLE I - Name:** The name of the Limited Liability Company is: Certified Private Investigators, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 2244 S. Federal Hwy, #167 2244 S. Federal Hwy, #167 Stuart, FL 34994 Stuart, FL 34994 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Luis O. Vega 2244 S. Federal Hwy, #167 Florida street address (P.O. Box NOT acceptable) Stuart, FL 34994 FL 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

(CONTINUED)
Page 1 of 2

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..

## 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	
MGRM	Luis O. Vega
	2244 S. Federal Hwy, #167
	Stuart, FL 34994 - 500
	Stuart, FL 34994  N/A  N/A  29
	N/A N/A
	N/A : 19
	N/A
(Use attachment if magazana)	
(Use attachment if necessary)	
(If an effective date is listed, the date must	he date of filing: 8/28/2007 . (OPTIONAL) be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	D. V2
Signature of a mem	ber or an authorized representative of a member.

Luis O. Vega

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

### 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)