

LO7000104393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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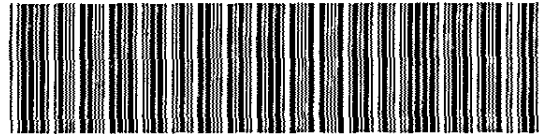
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CAPITAL CONNECTION, INC.

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New York's Finest Security

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- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by

SW 10/15

Name

Date

Time

Well In

Well Pick Up

ARTICLES OF ORGANIZATION
OF
NEW YORKS FINEST SECURITY CONSULTANTS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

The name of this Limited Liability Company is:

New Yorks Finest Security Consultants, LLC

ARTICLE II

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

Mailing Address

5417 Cove Circle
Naples, Florida 34119

Street Address

5417 Cove Circle
Naples, Florida 34119

ARTICLE III

The purpose for which the Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV

The name and street address of the Registered Agent of the company in the State of Florida is:

Paul Pacchiana, Esq.
5425 Park Central Court
Naples, Florida 34109.

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.

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Registered agent signature:



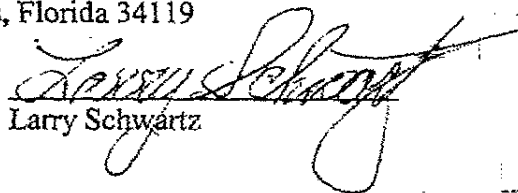
Paul P. Pacchiana

ARTICLE V

The name and address of the managing members/managers are:

Title: Managing Member
Larry Schwartz
5417 Cove Circle
Naples, Florida 34119

Signature of Member:


Larry Schwartz

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:


New Yorks Finest Security Consultants, LLC.

2. The name and street address of the registered agent of the corporation in the state of Florida is:

PAUL P. PACCHIANA
5425 PARK CENTRAL COURT
NAPLES, FLORIDA 34109

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.

Registered Agent Signature: _____


Paul P. Pacchiana