

Division of Corporations

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**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

From: Account Name : VOGEL LAW OFFICE, P.A.
Account Number : I20030000100
Phone : (239) 262-2211
Fax Number : (239) 262-8330

MAY 29 2008

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Women's Safety Network, LLC

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION
OF
WOMEN'S SAFETY NETWORK, LLC**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: Women's Safety Network, LLC.

**ARTICLE II
ADDRESS**

The mailing address and the street address of the principal office of the Limited Liability Company is:
3936 Tamiami Trail North, Suite B, Naples, Florida 34103.

**ARTICLE III
DURATION**

The period of duration of the Limited Liability Company shall be perpetual or until dissolved in a manner provided by law or as provided in the regulations adopted by the members.

**ARTICLE IV
PURPOSE**

The purpose of the Company is to engage in any and/or all lawful business(es).

**ARTICLE V
MANAGEMENT**

The Limited Liability Company is to be managed by a Manager and the name and address of such Manager who is to serve as Manager until a successor is elected and qualified is:

Jessica Macera
3936 Tamiami Trail North, Suite B
Naples, Florida 34103

**ARTICLE VI
ADMISSION OF ADDITIONAL MEMBERS**

Additional members and/or Units may be added pursuant to the Company's organizational documents.

**ARTICLE VII
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The remaining members of the Company shall have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

These Articles are executed this 22nd day of May, 2008, by an undersigned Member of the Company, pursuant to Florida Limited Liability Company Act, Florida Statute §608.401 et seq.

MEMBER:


JESSICA MACERA

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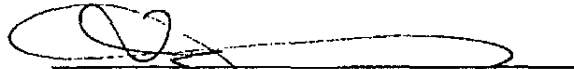
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 PR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is: Women's Safety Network, LLC
2. The name and address of the registered agent and office is:

Jessica Macera
3936 Tamiami Trail North
Suite B
Naples, Florida 34103

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.


JESSICA MACERA
Registered Agent
Date: 5/28/08

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