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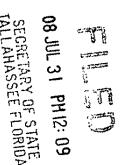
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COVER LETTER

	on Section f Corporations			
SUBJECT:	SECURITY SA	AFETY INS	TITUTE,	LLC
sower.	(Name of Limite	ed Liability Compa	ny)	
The enclosed Articl	es of Organization and fee(s) are s	submitted for filing	. .	
Please return all cor	respondence concerning this matte	er to the following:	•	
	Dor	novan Huds	on	
	((Name of Person)		
	SECURITY S	AFETY INS	TITUTE	, LLC
	((Firm/Company)		
	5811 NV	V 17th PLA	CE, APT	. A
		(Address)		
	SUNRISE	, FLORIDA	33313	
	(City	//State and Zip Code))	
For further informat	ion concerning this matter, please	cali:		
Donovan Hu	ıdson	at (754)	246-46°	12
()	ame of Person)	(Area Code	& Daytime To	elephone Number)
Enclosed is a chec	k for the following amount:	•		
\$125.00 Filing Fo	Certificate of Status	S155.00 Filing Certified Cop (additional copy	y	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	Corporation	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY GOMPANY TALLAHASSEE FLORIDA

The name of the Limited Liability Company is:

SECURITY SAFETY INSTITUTE, 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:

5811 NW 17th Place, Apt. A

Sunrise, Florida 33313

5811 NW 17th Place, Apt. A

Sunrise, Florida 33313

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:

Donovan Hudson

Name

5811 NW 17th Place, APT. A

Florida street address (P.O. Box NOT acceptable)

Sunrise.

33313

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 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)

(CONTINUED) Page 1 of 2

"MGR" = Managing Member MGR Donovan Hudson 5811 NW 17th Place, Apt. A Sunrise, Florida 33313 MGR MGR Marcella Benton 5811 NW 17th Place, Apt A Sunrise, Florida 33313 Catherine Crockett 5890 NW 17th Place, APT 202. Sunrise, Florida 33313 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business 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	"MGRM" = Ma			
MGR Donovan Hudson 5811 NW 17th Place, Apt. A Sunrise, Florida 33313 MGR Marcella Benton 5811 NW 17th Place, Apt A Sunrise, Florida 33313 MGRM Catherine Crockett 5890 NW 17th Place, APT 202. Sunrise, Florida 33313 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:		naging Member		
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MGRM Catherine Crockett 5890 NW 17th Place, APT 202. Sunrise, Florida 33313 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:				_
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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:

Page 2 of 2