

L 0800000 76576

(Requestor's Name)

(Address)

CF - 76.25

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

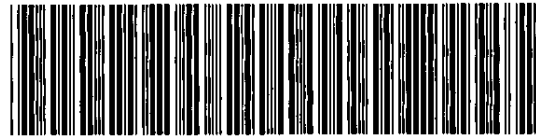
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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400133056994

07/22/08--01029--006 **78.75

08/12/08--01007--002 **76.25

RECEIVED
08 JUL 22 AM 11:57
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 AUG -8 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 12 2008

EXAMINER

208-34666

Auust 8, 2008

ATTN: Ruby Dunlap

RE: Secu-Plan LTD/ Secu-Plan LLC

Good afternoon,

Per our conversation on August 7th, attached is the rejection letter for Secu-Plan, LTD and the new filing for Secu-Plan, LLC. Please cancel the LTD filing and proceed with the new LLC. Included is a check in the amount of \$76.25 to cover the difference in fees to record the LLC.

If you have any questions, you can contact me at 216-0457.

Thank you!

Kim Round
Florida Filing & Search Services

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08 AUG - 8 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 AUG - 8 PM 1:50
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2008

FLORIDA FILING & SEARCH SERVICES, INC.

WALK-IN

SUBJECT: SECU-PLAN LTD
Ref. Number: W08000034666

FILED
08 AUG -8 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SECU-PLAN LTD and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 108A00042684

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08-08-08

NAME: SECU-PLAN LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: SEE ATTACHED LETTER WITH CK#5298 FOR \$76.25

RETURN: CERTIFIED COPY

ACCOUNT: ~~FCA0000000015~~

AUTHORIZATION: ~~ABBIE/PAUL HODGE~~

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08 AUG -8 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Secu-Plan.LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

8306 Mills Drive, 222

Miami, FL 33183 - 4838

USA

Mailing Address:

8306 Mills Drive, 222

Miami, FL 33183 - 4838

USA

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:

Florida Filing & Search Services Inc.

Name

155 Office Plaza Dr., Suite A

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

Tallahassee, FL 32301

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 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

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SECRETARY OF STATE

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:

MGRM

Cristel Villemson

Viimsi tee 16 a

Tallinn, 12112 Estonia

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Delaware InterCorp, Inc. by:

Robin Goldberg

Signature of a member or an authorized representative of a member.

(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.)

Delaware InterCorp, Inc. by: Robin Goldberg, Secretary

Typed or printed name of signee

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)