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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	CT: MY Community ALERT, LLC (Name of Limited Liability Company)
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
-	PY E. HAR? (Name of Person)
-	MY COMMUNITY AERT, LLC (Firm/Company)
_	11607 WINDSOR BAY PLACE
-	Wellington, FC 33449 (City/State and Zip Code)
For furt	her information concerning this matter, please call:
	(Name of Person) at (SG) 352-1225 (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
\$125.0	Of Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & }\bigcup \\$155.00 \text{ Filing Fee & }\bigcup \\$160.00 \text{ Filing Fee, }\bigcup \bigcup \bigcu
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	\mathbf{T}	IC	LE	I	_	N	am	e
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The name of the Limited Liability Company is:

My Community ALERT LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Dringing I Office Address.

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

Mailing Address.

Principal Office Address:	Wianing Address:
11607 WINDSOR BAY PC Wellington, FC 33449	SAME

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:

Name

Name

Name

Name

Name

Note that the properties of the prop

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

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)