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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. HAMPTON

OCT 20 2008

EXAMINER

50997-8001

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASP Investigative Services, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alina G. Sacerio-Polak

(Name of Person)

ASP Investigative Services, LLC

(Firm/Company)

P.O. Box 947588

(Address)

Maitland, FL 32794-7588

(City/State and Zip Code)

For further information concerning this matter, please call:

Alina G. Sacerio-Polak

(Name of Person)

at (**407**) **468-6800**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

October 5, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir / Madam,

Enclosed is my cover letter and Articles of Organization for Florida Limited Liability Company to the Registration Section, Division of Corporations. I am a retired federal law enforcement officer. I intend to contract my services out to federal law enforcement agencies and work primarily from my home. I request exclusion from public disclosure under Section 119.071(4)(d), Florida Statute, and have listed my P.O. Box address as principal office address.

My home address, which is my Principal Office Address, is listed below, should you still require it for your internal records.

Should you have any questions, please contact me at 407-468-6800. Thank you.

Sincerely,



Alina G. Sacerio-Rolak
2207 Venetian Way
Winter Park, FL 32789
407-468-6800

Mailing Address:
ASP Investigative Services, LLC
P.O. Box 947588
Maitland, FL 32794-7588



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 OCT 17 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 9, 2008

ALINA G SACERIO-POLAK
P O BOX 947588
MAITLAND, FL 32794-7588

SUBJECT: ASP INVESTIGATIVE SERVICES, LLC
Ref. Number: W08000046605

We have received your document for ASP INVESTIGATIVE SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 508A00053204

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASP Investigative Services, 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:

P.O. Box 947588

Maitland, FL 32794-7588

670 W. FAIRBANKS AVE
WINTER PARK, FL
32789

P.O. Box 947588

Maitland, FL 32794-7588

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:

Kane & Associates, CPA's

Name

670 West Fairbanks Avenue

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

Winter Park, FL 32789

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT 17 P 3:21

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Alina G. Sacerio-Polak

P.O. Box 947588

Maitland, FL 32794-7588

MGRM

John P. Polak

P.O. Box 947588

Maitland, FL 32794-7588

(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:


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.)

Alina G. Sacerio-Polak

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)