## 109000036254

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
APR 15,2009
ALIC 10, 2000

Office Use Only

**EXAMINER** 



000149612050

04/14/09--01021--018 \*\*130.00



## **COVER LETTER**

1O: Registration Section Division of Corporations	
SUBJECT: Trustech Security Syst	tems LLC.
	d Liability Company)
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Jorge A. Chavez	
0	Name of Person)
Trustech Security System	s LLC.
(	Firm/Company)
2556 Southpointe Drive	
	(Address)
Dunedin, Florida 34698	
(City/	(State and Zip Code)
For further information concerning this matter, please	call:
Jorge A. Chavez	at ( 727 ) 678-8875
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	ic
The name of the Entitled Elability Company	15.
Trustech Security Systems L	
(Must end with the words "Limited Li	ability 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:
2256 Southpointe Drive	2556 Southpointe Drive
Dunedin, Fl 34698	Dunedin, FI 34698
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
Jorge A. Chavez	,
Nai	me
2556 Southpoint	e Drive
	address (P.O. Box NOT acceptable)

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)

Dunedin, FI 34698 FL City, State, and Zip

(CONTINUED) Page 1 of 2 O9 APR 14 AM 8: 52
SECRETARY OF STATE
TALLAHASSEF FINATE

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Jorge A. Chavez
	2556 Southpointe Drive
	Dunedin, FI 34698
MGRM	Angela H. Chavez
	2556 Southpointe Drive
	Dunedin, FI 34698
MGRM	Bridgett N. Chavez
	2556 Southpointe Drive
	Dunedin, FI 34698
<del></del>	
(Use attachment if necessary)	
	1
LE V: Effective date, if other than th	ne date of filing: (OPTION
days after the date of filing.)	be specific and cannot be more than five business da
days after the date of fining.)	
	_
REOUIRED SIGNATURE:	/1

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.)

Jorge A. Chavez

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)

Page 2 of 2