

L09000038902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

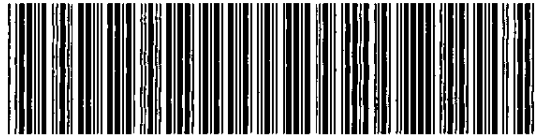
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200148517272

04/09/09--01013--019 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 22 AM 8:28

T. HAMPTON
APR 23 2009
EXAMINER

209-611-6071

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

**TO: Registration Section
Division of Corporations**

SUBJECT: Risk Management Services Loss Prevention LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Joseph J Szvetitz III
Risk Management Services, LLC.
2002 Oakwood Knoll Ct
Valrico, Florida 33596

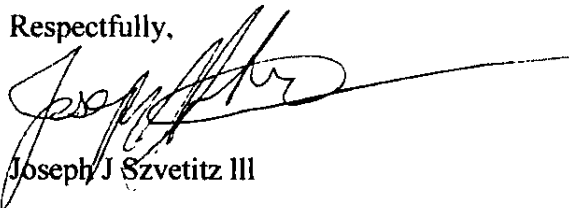
For further information concerning this matter, please call:

Joseph J Szvetitz III at 866-396-2351

Enclosed is a check for the following amount:

\$130.00 filing fee and certificate of status

Respectfully,



Joseph J Szvetitz III



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 APR 22 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 10, 2009

JOSEPH J SZVETITZ III
2002 OAKEOOD KNOLL CT
VALRICO, FL 33596

SUBJECT: RISK MANAGEMENT SERVICES LOSS PREVENTION, LLC
Ref. Number: W09000016982

We have received your document for RISK MANAGEMENT SERVICES LOSS PREVENTION, 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: 909A00012186

**ARTICLES OF ORGANIZATION
FOR
RISK MANAGEMENT SERVICES LOSS PREVENTION, LLC
a Florida Limited Liability Company**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I
NAME**

The name of the limited liability company is **RISK MANAGEMENT SERVICES LOSS PREVENTION, LLC** (the "Company").

**ARTICLE II
ADDRESS**

The street address and mailing address of the principal office of the Company are **2002 Oakwood Knoll ct Valrico, Florida 33596**.

**ARTICLE III
DURATION**

The period of duration for the Company shall be perpetual, unless terminated in accordance with the Operating Agreement of the Company or by the written consent of the members of the Company.

**ARTICLE IV
INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are **Joseph J. Szvetitz, III, 2002 Oakwood Knoll Ct. Valrico, Florida 33596**


**ARTICLE V
MANAGEMENT**

The Company shall be a member-managed company.

**ARTICLE VI
OPERATING AGREEMENT**

The power to adopt the Operating Agreement of the Company shall be vested in the members of the Company. The power to alter, amend, or repeal the Operating Agreement of the Company shall be exercised by the members of the Company according to the terms thereof.

Date: April 16, 2009.


JOSEPH J. SZVETITZ III, Member

CERTIFICATE OF DESIGNATION OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 22 AM 8:28

REGISTERED AGENT

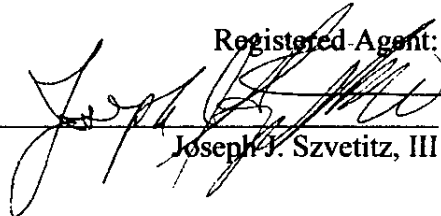
Pursuant to the provisions of Section 608.415, Florida Statutes, RISK MANAGEMENT SERVICES LOSS PREVENTION, LLC, a Florida limited liability company (the "Company"), hereby submits the following statement designating the registered agent and registered office in the state of Florida.

1. The name of the Company is RISK MANAGEMENT SERVICES LOSS PREVENTION, LLC.
2. The name of the registered agent and the address of the registered office are Joseph J. Szvetitz, III, 2002 Oakwood Knoll Ct. Valrico, Florida 33596

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of her position as registered agent as provided for in Chapter 608, Florida Statutes.

Date: April 16, 2008.

Registered Agent:



Joseph J. Szvetitz, III

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 22 AM 8:28