

LO9000047464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

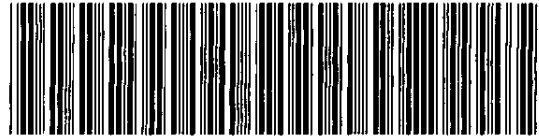
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 MAY 14 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

EXAMINER  
MAY 15 2009  
S. HAWKES

S. HAWKES  
MAY 06 2009  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2009

CHRISTIAN D RICHARDSON  
198 LAKE ARBOR DR  
PALM SPRINGS, FL 33461

SUBJECT: ADVANCE AMERICAN K-9 SECURITY LLC  
Ref. Number: W09000021633

We have received your document for ADVANCE AMERICAN K-9 SECURITY 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 attached form must be completed in order to file the document.

Please return 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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 109A00015561

*Cindy Richardson  
561-848  
7002*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advance American K-9 Security 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:

Christian D. Richardson  
Name of Person

ADVANCE AMERICAN K-9 SECURITY LLC  
Firm/Company

198 LAKE ARBOR DR.  
Address

PALE SPRINGS, FL. 33461  
City/State and Zip Code

RICHIE2@BELL SOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIAN RICHARDSON at (561) 601-4730 or 964-7669  
Name of Person 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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ADVANCED AMERICAN K-9 SECURITY 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:**

198 LAKE ARBOR DR.  
PALM SPRINGS, FL.  
33461

**Mailing Address:**

198 LAKE ARBOR DR  
PALM SPRINGS, FL. 33461

**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:

CHRISTIAN DEAN RICHARDSON  
Name

198 LAKE ARBOR DR  
Florida street address (P.O. Box **NOT** acceptable)  
PALM SPRINGS FL 33461  
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)

**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

CHRISTIAN RICHARDSON  
198 LAKE ARBOR DR  
PALM SPRINGS, FL 33461

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(Use attachment if necessary)

FILED  
09 MAY 14 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.)

CHRISTIAN D. RICHARDSON

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)**