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(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:	
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T. CLINE

SEP - 8 2009

EXAMINER

COVER LETTER

CHRANCE	Vigil	ant Security LLC	
SUBJECT:		d Liability Company	
		\$ 1 · 1 · 3	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Br	antley Oakey	
,		Name of Person	
		Firm/Company	
		· ····································	
	1797	'_41 St. SW, #1	
		Address	
	Nap	oles, FL 34116	
	City	/State and Zip Code	20
		voakey@gmail.com or future annual report notification)	
For further information	concerning this matter, please		2009 SEP -4 PM 12: 40
	ley Oakey	at (208) 716-6600	PM K
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	r the following amount:	. .	
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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	is:
	Security LLC 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:
1797 41 St. SW, #1 Naples, FL 34116	1797 41 St. SW, #1 Naples, FL 34116
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another-
The name and the Florida street address of the	e registered agent are:
Brantle:	
	St. SW, #1 O. Box NOT acceptable)
Naples, FL 34116 City, State	FL e, 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)

Page 1 of 2

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

MGRM	Brantley Oakey 1797 41 St. SW, #1 Naples, Fl 34116	
MGRM	Lacie Oakey	
	1797 41 St. SW, #1 Naples, FL 34116	
	V o	2009
		9 SEP
		<u>+</u>
(Use attachment if necessary)		
	e date of filing: (OPTIO	NAL
	be specific and cannot be more than five business	days

(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.)

Brankley Oakey
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)