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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

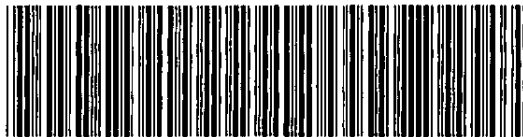
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

OCT - 1 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R.P.K. SECURITY CONSULTING, L.L.C.  
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:

Robert P. Kocak  
Name of Person

\_\_\_\_\_  
Firm/Company

4721 32<sup>nd</sup> Avenue North  
Address

Sf Rte. FL 33712  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Watson Sinden at (727) 895-1266  
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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I. NAME:** The name of the Limited Liability Company is:

***R.P.K. SECURITY CONSULTING, L.L.C.***

**ARTICLE II. ADDRESS:** The mailing address and street address of the principal office of the Limited Liability Company is:

***4721 32<sup>nd</sup> Avenue North, St. Petersburg, Florida 33713***

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE AND**

**REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

***Watson R. Sinden, Esquire***  
***360 Central Avenue, Suite 1270***  
***St. Petersburg, Florida 33701***

*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*

**ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):**

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

***Robert P. Kocak, Manager***  
***4721 32<sup>nd</sup> Avenue North***  
***St. Petersburg, Florida 33712***

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_.

*(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.)*

A handwritten signature in cursive script, appearing to read "Robert P. Kocak", is written over a horizontal line.

ROBERT P. KOCAK, Manager

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