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SECRETARY OF STATE

ALLAHASSEE, FINALE

COVER LETTER

TO:	Registration S Division of Co						
SUBJE	ECT:	My P	rotec	tion P	lus, LLC		
50201		Name of Limit					
The en	closed Articles o	of Organization and fee(s) are	submitt	ed for fil	ing.		
Please	return all corresp	oondence concerning this mat	ter to th	e followi	ing:		
		F		E. Lloy	d		
			Name	or reison			
		My Pr		on Plus	s, LLC		
•			Firm/C	Company			
•		15817 Fr			d. 2 909		
			Ad	dress			
		Panama	City B	each, I	FL 32413		
		Cit	ty/State a	and Zip Co	ode	-	
•		E-mail address: (to be used	for future	e annual r	eport notification	n)	
For fur	ther information	concerning this matter, pleas	e call:				
		h E. Lloyd	_ at (601			72-4277
	Name	of Person		Area Co	ode & Daytime	Telep	phone Number
Enclos	sed is a check for	or the following amount:					
\$ 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	ertified (ling Fee & Copy opy 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		Registr Division Cliftor 2661 E	Courier Addration Section on of Corporal Building Executive Cenassee, FL 323	tions	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	Company is:	
My P	rotection Plus, LLC	
(Must end with the word	s "Limited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
495 Grand Blvd. Suite 206 Miramar Beach, FL 32550	495 Grand Blvd. Suite 206 Miramar Beach, FL 32	2550
1581	17 Front Beach Rd. 2 909	
·	et address (P.O. Box <u>NOT</u> acceptable)	
Panama C	City Beach FL 32413 City, State, and Zip	
liability company at the place description registered agent and agree to act in statutes relating to the proper and accept the obligations of my possible.	agent and to accept service of process for lesignated in this certificate, I hereby accept this capacity. I further agree to comply d complete performance of my duties, and esition as registered agent as provided for I Agent's Signature (REPOURED)	pt the appointment as with the provisions of all I am familiar with and

(CONTINUED)

Page 1 of 2

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

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

	ır	Name and Address:
"MGR" = Manage "MGRM" = Mana		
MGRM		Ralph E. Lloyd
		15817 Front Beach Rd. 2 909
		Panama City Beach, FL 32413
		, , , , , , , , , , , , , , , , , , ,
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	_	
(Use attachment if	necessary)	
	ate, if other than the	date of filing: (OPTIC e specific and cannot be more than five business
LE V: Effective d fective date is liste days after the dat REQUIRED SIG	ate, if other than the ed, the date must be the of filing.) NATURE:	
LE V: Effective d fective date is liste days after the dat REQUIRED SIG	ate, if other than the ed, the date must be the of filing.) NATURE: Signature of a member (In accordance with sea	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
LE V: Effective d fective date is liste days after the dat REQUIRED SIG	nate, if other than the ed, the date must be the of filing.) NATURE: Signature of a member of this document constitution.	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
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LE V: Effective d fective date is listed days after the date of the days after the date of the days after the d	NATURE: Signature of a member of this document constitute that the facts stated her	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.) Ralph E. Lloyd

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