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Special Instructions to Filing Officer:	1		
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Office Use Only



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T. HAMPTON

FEB - 8-2010

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Secu	Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence cond	•		
Jame	LS Haskins Name of Person		
Secu	re Solutions, L.L.C. Firm/Company		
908	Flaglet Avenue		
J Haskin	West FL 33040  City/State and Zip Code  OS @ Secure Solutions kw.com  ress: (to be used for future annual report notification)		
For further information concerning this matter, please call:			
James Haskins Name of Person	at (305) 294-0170  Area Code & Daytime Telephone Number		
Enclosed is a check for the follow	ing amount:		
	Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, te of Status Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
P.O. Box 6	n Section Registration Section f Corporations Division of Corporations		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

### RECEIVED

10 FEB -5 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 1, 2010

JAMES HASKINS 908 FLAGLER AVE KEY WEST, FL 33040

SUBJECT: SECURE SOLUTIONS, L.L.C.

Ref. Number: W10000004948

We have received your document for SECURE SOLUTIONS, L.L.C. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is M04000002546 (SECURESOLUTIONS, LLC).

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.

Letter Number: 010A00002517

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ture Solutions of Key West, U	لك		
(Must end with the words "Limited Liability Compa	any," "b.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: Maili	ng Address:	1		
908 Flagler Ave. 90 Key West, FL 33040 Ke	of Flacler Ave.	į I		
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 registere	d agent are:	1		
James R. Hask	:ins			
908 Flagler Aver Florida street address (P.O. Box NO	フィピ T acceptable)			
Key West, FL City, State, and Zip	33040			
Having been named as registered agent and to accept so liability company at the place designated in this certification registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performant accept the obligations of my position as registered agent.	ficate, I hereby accept the appointment as her agree to comply with the provisions of all nce of my duties, and I am familiar with and			
Registered Agent's Signature (REQ	UIRED)  JAN 2	: :		
(CONTINUED)	RY OF STA			

## 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	James R. Haskins 908 Flagler Avenue Key West, FL 33040
MGRM_	Miguel Gonzalez 3314 Eask Avenue Key West, FL. 33040
<del> </del>	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the	the date of filing: $1/25/10$ . (OPTIONAL) the specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	er or an authorized representative of a member.
(In accordance with s	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
Filing Fees:	P. Haskins  yped or printed name of signee
\$125.00 Filing Fee for Articles of Org	anization and Designation

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)