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ALLAHASSEE, FLORID,

D. BRUCE

FEB 19 2010

EXAMINER

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

ALARM DESIGN TEAM L.L.C. SUBJECT: 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: VICTOR H. DORADO Jr. Name of Person ALARM DESIGN TEAM L.L.C. Firm/Company 13025 SW 132 AVE Address MIAMI FL 33186 City/State and Zip Code v\_dorado@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 486-2880 VICTOR H. DORADO Jr. Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \( \sqrt{\$130.00} \) Filing Fee & **7**\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address **Mailing Address** Registration Section Registration Section **Division of Corporations Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	<b>me:</b> imited Liability Co	mpany is:	
04	ALARM DE	ESIGN TEAM L.L.C.	1 2%
(MI	ust end with the words "L	imited Liability Company," "L.L.C.," or "LLC	")
ARTICLE II - Ad			
The mailing address	ss and street addres	s of the principal office of the Limi	ted Liability Company is:
Principal Office A	Address:	<b>Mailing Address:</b>	
13025 SW 132 A	VE.	13025 SW 132 AVE	
MIAMI FL 3318	6	MIAMI_FL_33186	
13025 S			FILED 10 FEB 18 AMIJ: TÄLLAHASSEE, FLOR
		ddress (P.O. Box <u>NOT</u> acceptable)	TATE ORIG
	MIAMI FL 3	1.L	<b>A *</b>
	C	ity, State, and Zip	
liability compai registered agent an statutes relating i	ny at the place designd agree to act in the to the proper and congations of my position.	nt and to accept service of process for gnated in this certificate, I hereby accept scapacity. I further agree to complete performance of my duties, aron as registered agent as provided for ent's Signature (REQUIRED)	cept the appointment as ly with the provisions of all nd I am familiar with and

Page 1 of 2 (CONTINUED)

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" = Manag "MGRM" = Man	•	Name and Address:	
MGRM	<del></del>	VICTOR H. DORADO Jr. 13025 SW 132 AVE MIAMI FL 33186	
	<del></del>		
(Use attachment	if necessary)		
ARTICLE V: Effective of (If an effective date is list to or 90 days after the date)	ted, the date must be sp	e of filing: ecific and cannot be more than	(OPTIONAL) five business days prior
<u>REQUIRED</u> SIG		an authorized representative of a mo	
	(In accordance with section	608.408(3), Florida Statutes, the execues an affirmation under the penalties of	ıtion
Filing Fees:	Typed	OR H. DORADO Jr. or printed name of signee	10 FEB
\$125.00 Filing F of Regi \$ 30.00 Certifie	ee for Articles of Organiza stered Agent d Copy (Optional) ate of Status (Optional)	tion and Designation	18 AMIL 34 ARY OF STATE SSEE, FLORIO