

L10000026720

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W10-10229

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02/26/10-01028-003 \*\*160.00

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10 MAR -9 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 10 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 1, 2010

PAUL A. FRANCOIS  
1644 SW BAYSHORE  
PORT ST. LUCIE, FL 34984

SUBJECT: EAGLEMASTER SECURITY LLC  
Ref. Number: W10000010229

We have received your document for EAGLEMASTER SECURITY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 010A00004982

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAGLEMASTER SECURITY LLC  
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:

PAUL A. FRANCOIS

Name of Person

EAGLEMASTER SECURITY LLC

Firm/Company

1644 SW BAYSHORE

Address

PORT ST. LUCIE, FL 34984

City/State and Zip Code

FPA\_55@yahoo.com

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

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10 MAR - 9 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PAUL A. FRANCOIS

Name of Person

at ( 561 ) 674-3657

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:..

EAGLEMASTER SECURITY LLC

(Must end with the words "Limited Liability 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:**

1644 SW BAYSHORE BLVD  
PORT ST. LUCIE FL  
FLORIDA 34984

EAGLEMASTER SECURITY LLC  
1644 SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34984

**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 registered agent are:

PAUL A. FRANCOIS

Name

1644 SW BAYSHORE BLVD

Florida street address (P.O. Box **NOT** acceptable)

PORT ST. LUCIE FL 34984

City, State, and Zip

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Paul A. Francois

Registered Agent's Signature (REQUIRED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

PAUL A. FRANCOIS  
1644 BAYSHORE BLVD  
PORT ST. LUCIE, FL 34984

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(Use attachment if necessary)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Paul A. Francois  
Signature of a member or an authorized representative of a member

(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.)

PAUL A. FRANCOIS  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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