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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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Effective Date 06/07/10

06/10/10--01008--024 \*\*160.00



J. BRYAN

JUN 11 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Second Division of Cor			
SUBJECT: SAFE	ETY OUT OF STR	ATEGY FOR VULNERA	BLE POPULATIONS CONSULTING SERVICES
	(Name of Limit	ed Liability Company)	SERVICES
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspo	ondence concerning this matt	er to the following:	
c/o	TAMMY HE	NDRIX	
SAFETY DUT	OF STRATEGY FO	e VULNERABLE POPUL	ATTONS CONSULTING ANDS
	_	(t init company)	
, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P.O. BOX	609074	
			,
	ORLANDO, (Cit	FLORIDA 2	7860 = = T
	l (Cit	y/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information of	concerning this matter, please	call:	5 5
Tammy +	LENDRIX	at ( 407 ) 219 (Area Code & Daytime Te	- 6584 P.S. Stephone Number)
<b>∠</b> Name	or Person)	(Area Code & Daytime 16	elephone Number)
Enclosed is a check fo	or 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	Street/Courier Addres Registration Section Division of Corporation	<del>-</del>

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	any is:
SAFETY OUT OF STRATEGY FOR	VUINERABLE POPULATIONS CONSULTING AND SERVICES
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8202 B / K IIII C	10 C/O TOMEN 1/5-1005.

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:

**ARTICLE I - Name:** 

ioniau on our unantos or the registerea agent are,	•
TAMMY L. HENDRIX	
Name	## <b>3</b>
8702 Pembrook Villas Circle	題是工
Florida street address (P.O. Box NOT acceptable)	<b>%制 5 </b>
Orlando FLORIDA 32810	We I
City, State, and Zip	
	(5))

Effective Date 06/07/10

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 (REQUIRED)

(CONTINUED)

Strant .

## 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	Name and Address:	
"MGRM" = Managing Member  MGR	TAMMY L. HENDRIX	<u>_</u>
		<del></del>
· · · · · · · · · · · · · · · · · · ·		10 JUN
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the da  If an effective date is listed, the date must be prior to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		

Signature of a member of 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.)

TAMMY L. HENDELX
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)