

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L10000087630  
FILED 8:00 AM  
August 16, 2010  
Sec. Of State  
ncausseaux**

**Article I**

The name of the Limited Liability Company is:

SAFEREST LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

10127 N.W 46TH STREET  
SUNRISE, FL. 33351

The mailing address of the Limited Liability Company is:

10127 N.W 46TH STREET  
SUNRISE, FL. 33351

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

MARK R SANDERS  
5728 TUSCANY TERRACE  
TAMARAC, FL. 33321

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.

Registered Agent Signature: MARK SANDERS

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
MARK R SANDERS  
5728 TUSCANY TERRACE  
TAMARAC, FL. 33321

Title: MGRM  
MICHELLE N SANDERS  
5728 TUSCANY TERRACE  
TAMARAC, FL. 33321

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### **Article VI**

The effective date for this Limited Liability Company shall be:

08/14/2010

Signature of member or an authorized representative of a member

Signature: MARK SANDERS

L1000087630



FLORIDA DEPARTMENT OF STATE

Division of Corporations

October 12, 2010

SAFEREST LLC  
10127 N.W 46TH STREET  
SUNRISE, FL 33351

200184350222  
10/29/10--01004--004 \*\*125.00

SUBJECT: SAFEREST LLC  
Ref. Number: L1000087630

Due to a system error, we have not received the fee payment for the document submitted on-line to form or incorporate the above referenced Florida business entity.

To correct this deficiency, we need the type of credit card used (i.e., Discover, Master Card, Visa, or AmericanExpress) and the last five digits of the account number used to make the payment. These two items will allow our office to access the funds and secure the required payment.

Please insert the type of credit card used and the last five digits of the account number in the space provided and return this letter to the attention of the examiner indicated below.

Type of Credit Card:

Last Five Digits of Account Number:

Please respond to this letter within the next 60 days to avoid any negative administrative action. Failure to comply within the required timeframe will result in the administrative dissolution of this entity on the records of the Florida Department of State.

We sincerely apologize for this error and the inconvenience this matter may cause you or your staff.

Sincerely,

Brenda Tadlock  
Senior Section Administrator  
(850) 245-6911

B. Tadlock OCT 29 2010

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314