## L10000/02225

(Requ	restor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
		•
(Busin	ness Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
<u> </u>		

Office Use Only



900185413509

09/29/10--01013--022 \*\*130.00



## **COVER LETTER**

Division of Co				
SUBJECT: Florida	safety services LLC.			
	Name of Limit	ted Liability Comp	any	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	g.	
Please return all corresp	pondence concerning this mat	ter to the following	<b>;</b> :	
james micha	el garfield			
		Name of Person		
florida safety	service LLC.			
		Firm/Company		
350 24th stre	et N.W. #202-g			
<del></del>	<del></del>	Address		
winter haven	florida 33880			
	Cit	y/State and Zip Code	;	
flcobraman@	aol.com			
	E-mail address: (to be used	for future annual repo	ort notification	1)
For further information	concerning this matter, please	e call:		
	, , , , , , , , , , , , , , , , , , ,			
james garfield		at ( 315	884258	5
	of Person	_ ~~	/	elephone Number
* 1		11100 0000	w Dayamo 1	elephone ivanoei
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	<b>△\$130.00</b> Filing Fee &	□\$155.00 Filin		□ \$160.00 Filing Fee,
	Certificate of Status	Certified Cop  (additional copy		Certificate of Status & Certified Copy (additional copy is enclosed)
				(
	Mailing Address		ourier Addre	255
	Registration Section Division of Corporations		on Section of Corporati	ons
	P.O. Box 6327	Clifton B		V4.U
	Tallahassee, FL 32314	2661 Exe	cutive Cente	
		Tallahass	ee, FL 3230	1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
florida safety service LLC.	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
350 24th street N.W. #202-g	350 24th street N.W. #202-g
Winter Haven, FL 33880	Winter Haven , FL 33680
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
james michael garfield	29 FAR
Name	2 790
359 24th street N.W. #20	
	- Z
winter haven	FL 33880
City, Su	ate, and Zip

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.

gistered Agent's Signature (REQUIRED

(CONTINUED)
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:

"MGRM" = Managing Member	
mgr	james garfield
	350 24th street n.w. #202-g
	winter haven, florida 33880
<del> </del>	
(Use attachment if necessary)	
ICLE V: Effective date, if other tha	on the date of filing: (OPTIONAL
effective date is listed, the date m 90 days after the date of filing.)	ust be specific and cannot be more than five business days
	attigram ( )

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.)

james michael garfield

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)