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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CCTV SECURITY PLUS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -4 AM 7:48

10-04-2010

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>
T. HAMPTON

9/27/2010



September 28, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: CCTV SECURITY PLUS, LLC
REF: W10000045084

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The Chief Financial Officer is by law the registered agent for the subject entity. If you want to make a change in the contact person who is designated to accept service of process with the Department of Financial Services, please contact that Department at (850) 413-4102.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

FAX Aud. #: E10000212027
Letter Number: 810A00022942

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared HERLAN GONZALEZ, as Vice-President of CCTV Security Plus, Inc. (Affiant") who after first being duly sworn, deposes and says as follows:

1. That Affiant is the Vice-President, Secretary and Registered Agent for CCTV Security Plus, Inc., a Florida corporation.
2. That Affiant is aware that CCTV Security Plus, Inc., a Florida corporation was administratively dissolved on June 1, 2009.
3. That Affiant as officer of said corporation hereby represents to Florida Department of State, Division of Corporations, that Affiant has no intentions of reinstating CCTV Security Plus, Inc., a dissolved Florida corporation.
4. Therefore, Affiant releases the name of CCTV Security Plus for use to another entity.

FURTHER AFFIANT(S) SAYETH NAUGHT.


HERLAN GONZALEZ

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 30 day of September, 2010 by HERLAN GONZALEZ, Vice-President, who is personally known to me or who has produced his/her Driver License as identification.


Printed Name: J. ELIZABETH CHAVEZ
NOTARY PUBLIC

My Commission Expires:



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CCTV Security Plus, 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:

3162 Commodore Plaza, Suite 3AB
Miami, FL 33133

Mailing Address:

3162 Commodore Plaza, Suite 3AB
Miami, FL 33133

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:

Francisco J. Ortega

Name

3162 Commodore Plaza, Suite 3AB

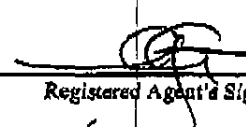
Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33133

City, State, 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

Leonardo Carlos Ortega

3162 Commodore Plaza, Suite 3AB

Miami, FL 33133

MGR

Jose R. Aldatz

3162 Commodore Plaza, Suite 3AB

Miami, FL 33133

MGR

Carlos A. Ortega

3162 Commodore Plaza, Suite 3AB

Miami, FL 33133

(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:



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.)

Leonardo Carlos Ortega

Typed or printed name of signer

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)

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