

L110000057992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

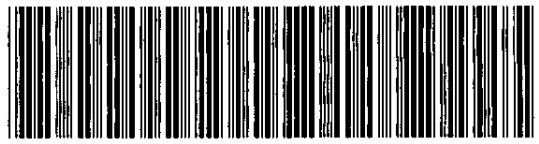
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Walk In

Office Use Only



300207147363

05/17/11--01017--013 **155.00

RECEIVED FILED
11 MAY 17 AM 11:20 11 MAY 17 AM 11:46
DEPT. TREAS. OF STATES SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
MAY 17 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Perimeter Control
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:

Patrick D. Costa
Name of Person

Perimeter Control
Firm/Company

8837 A Crawfordville Hwy
Address

Tallahassee Fl. 32305
City/State and Zip Code

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

2011 MAY 17 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Patrick Costa at (850) 459-9358
Name of Person 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:

Perimeter Control 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:

8837 A Crawfordville Hwy
Tallahassee FL
32305

Mailing Address:

8837 A Crawfordville Hwy
Tallahassee FL
32305

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:

Patrick Costa
Name

8837 A Crawfordville Hwy
Florida street address (P.O. Box NOT acceptable)

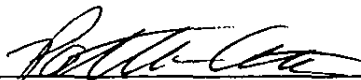
Tallahassee FL 32305
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 17 AM 11:46

FILED

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)

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

Patrick Costa
8837-A Crawfordville Hwy
Tallahassee Fl. 32305

MGR

Nick Lee
102 Horseman Ass. Rd.
Tallahassee Fl. 32303

MGR

Brandy Eady
378 W. K. Woodcliff
Tall. Fl. 32310

MGR

Mike Bair
3965 Peacock Ln
Tallahassee Fl. 32317

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 17 AM 11:46

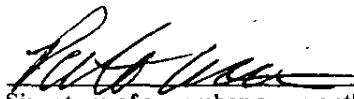
FILED

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Patrick Costa

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)

I. Patrick Costa will not be reinstating
Perimeter Control LLC L08000115882 I will
be forming a new corporation ~~under~~ under
the same name.

Patrick Costa

5/17/11

FILED

2011 MAY 17 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA