

L110000069465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

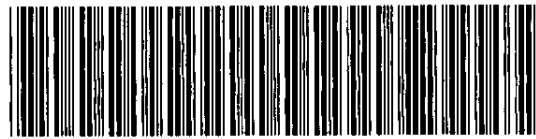
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JUN 14 2011

EXAMINER



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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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11 JUN 14 PM 4:17  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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SECRETARY OF STATE  
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**DATE: 06/14/2011**

**NAME: CENTRAL FLORIDA MOBILE LIVESCAN  
FINGERPRINTING & CONSULTING, LLC**

**TYPE OF FILING: LIMITED LIABILITY COMPANY**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: Central Florida Mobile Livescan Fingerprinting & Consulting LLC**  
Name of Limited Liability Company

FILED STATE  
SECRETARY OF CORPORATIONS  
11 JUN 14 PM 4:17

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Kerry Jester**

Name of Person

**Incorporators USA**

Firm/Company

**1220 North Market Street Ste 804**

Address

**Wilmington, DE 19801**

City/State and Zip Code

**wjsmith233@aol.com**

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

For further information concerning this matter, please call:

**Kerry Jester**

Name of Person

at ( **302** ) **421-5750**

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:

Central Florida Mobile Livescan Fingerprinting & Consulting 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:**

188 Crane Lane

Haines City, FL 33844

**Mailing Address:**

188 Crane Lane

Haines City, FL 33844

**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:

Florida Filings & Search Services, Inc.

Name

155 Office Plaza Drive Suite A

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

Tallahassee

FL 32301

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..*

Abbie P. Hodge  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Haines City, FL 33844

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