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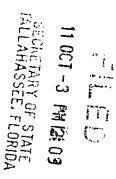
(Requestor's Name)
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D. BRUCE
OCT 4 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTIMUM TECHNOLOGY & SURVEILLANCE, LLC

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:

Roopnarine Nandan Name of Person		-
Optimum Technology & Surveillance, LLC		
631 SW 113 AVENUE		
Pembroke Pines, Florida 33025	HVTTE	11 001
City/State and Zip Code arnoldnan07@gmail.com	ASSEE	<u>-</u>
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	F STATE	50 KUR
Roopnarine Nandan at (954) 471-0471 Name of Person	A	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum	Status & y	

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:

OPTIMUM TECHNOLOGY & SURVEILLANCE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

·	
631 SW 113 AVENUE	
Pembroke Pines	
Florida 33025	
tered Office, & Registered Agent's Signatur Registered Agent. You must designate an individual or anoth the registered agent are: ANDENDAN Name 13 AVENUE The address (P.O. Box NOT acceptable)	11 OCT -3 PM Z
s _{FL} 33025 ≥	TI CAD.
ty, State, and Zip	
nd to accept service of process for the above stated in this certificate, I hereby accept the appointmacity. I further agree to comply with the provise performance of my duties, and I am familiar registered agent as provided for in Chapter 608	nent as ions of all with and
S it 10 C 2	Pembroke Pines Florida 33025 rered Office, & Registered Agent's Signatur Registered Agent. You must designate an individual or anoth the registered agent are: INE NANDAN lame 13 AVENUE et address (P.O. Box NOT acceptable) FL 33025 Ty, State, and Zip al to accept service of process for the above state of in this certificate, I hereby accept the appointmentation of the performance of my duties, and I am familiar

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	. ·
MOKW — Wanaging Weinber	
MGR	Roopnarine Nandan
	631 SW 113 AVENUE
	Pembroke Pines, Florida 33025
	
•	
(Use attachment if necessary)	
	OPTIONAL)
CLE V: Effective date, if other th	an the date of filing: (OPTIONAL)
enective date is listed, the date in 0 days after the date of filing.)	nust be specific and cannot be more than five business days prior
o days after the date of ming.)	•
REQUIRED SIGNATURE:	
	Spandau 25 8
Signature of a p	member or an authorized representative of a member.
	SX & L.
(In accordance with sect	ion 608.408(3). Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
r and aware that any later	c mornanon sacrimica in a document to the Department di State 223.
constitutes a third degree	e felony as provided for in s.817.155, F.S.)
	ROOPNARINE NANDAN
	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)