

L110000113307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

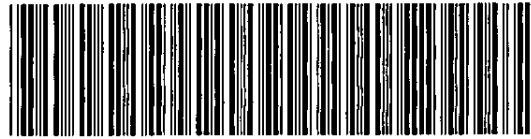
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/04/11--01023--008 **87.50

10/04/11--01023--009 **72.50

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11 OCT -4 PM 2:44 11 OCT -4 PM 3:01
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

D. BRUCE

OCT 4 2011

EXAMINER

ERNEST JONES
Requester's Name
914 OAK KNOLL AVE
Address
TALLAHASSEE FL 32312 850-212-2780
City/State/Zip Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. EXECUTIVE PROTECTION SERVICES, ~~LLC~~ LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☒ Photocopy ☒ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Name

The name of this Limited Liability Company is:

Executive Protection Services, LLC

ARTICLE II

Address

The initial mailing and street address of the principle office of this Limited Liability Company is:

914 Oak Knoll Avenue
Tallahassee, Florida 32312

This address may be moved from time to time to any other address in the State of Florida.

ARTICLE III

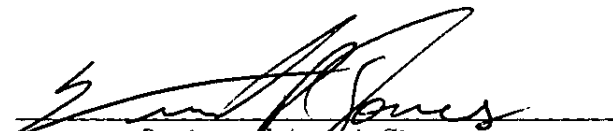
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Ernest P. Jones
914 Oak Knoll Avenue
Tallahassee, FL 32312

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TALLAHASSEE, FLORIDA

ACKNOWLEDGMENT: *Having been named as registered agent and to accept service of process for the above 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, Florida Statutes.*



Registered Agent's Signature

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:

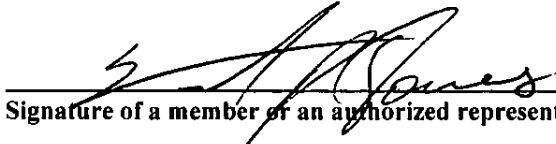
MGR

Ernest P. Jones
P. O. Box 521
Tallahassee, FL 32312

MGR

Richard Glenn
P. O. Box 111
Monticello, FL 32345

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)

Ernest P. Jones
Typed or printed name of signee

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