4/1000/2043/

| (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: |
| A. LUNT |
| OCT 21 2011 |
| EXAMINER |

Office Use Only

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COVER LETTER

Registration Section

TO:

| Division of Corporations | | |
|--|---|-----------------|
| Selblet: | s and Security LLC. | |
| Name of Limit | ted Liability Company | |
| The enclosed Articles of Organization and fee(s) are | submitted for filing. | |
| Please return all correspondence concerning this mat | ter to the following: | |
| Heriberto Vasquez Jr. | | |
| | Name of Person | |
| Empire Electronics and Se | ecurity LLC. | 2011 6 |
| | Firm/Company | |
| 1721 Halfmoon Street | | R. A. |
| | Address | |
| Palm Bay, Florida 32907 | | STATE STATE |
| | ry/State and Zip Code | > |
| jaybiz100@live.com | for future annual report notification) | |
| E-mail address: (to be used) | for future annual report notification) | |
| For further information concerning this matter, please | e call: | |
| Heriberto Vasquez Jr. | at (321) 557-6024 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: | . / | |
| \$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times \text{Certificate of Status}\$ | \$155.00 Filing Fee & \$160.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | of Status & opy |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 | Street/Courier Address Registration Section Division of Corporations Clifton Building | |
| Tallahassee, FL 32314 | 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:

Empire Electronics and Security 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: | Mailing Address: |
|--|--|
| 1721 Halfmoon Street | 7. 2 |
| Palm Bay, FL 32907 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature red Agent. You must designate an individual Ucanother |
| The name and the Florida street address of the rep | gistered agent are: |
| Heriberto Vasquez Jr | |
| Name | |
| 1721 Halfmoon St | reet |
| Florida street addre | ess (P.O. Box NOT acceptable) |
| Palm Bay | _{FL} 32907 |
| City, State | e, 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..

istered Agent's Signature (APDUINEL

(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:

| | = Manager I" = Managin | g Member | Name and Address: | |
|-------------|--|---|--|-------------------------------------|
| MGR | | _ | Heriberto Vasquez Jr | |
| | | | 1721 Halfmoon Street | |
| | | | Palm Bay, FL 32907 | |
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| | | | | 20U 7AE |
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| | | | | ASS. |
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| | | | | |
| (Use atta | achment if neo | cessary) | | P |
| CLE V: E | Effective date. | if other than the da | ate of filing: | (OPTIONAL |
| effective d | late is listed, t | the date must be s | pecific and cannot be more than | ` |
| 0 days aft | er the date of | f filing.) | | |
| | RED SIGNA | THRE. 2 | | |
| REOUI | KED SIGNA | TORE. | | |
| REQUI | | | | |
| REQUI | • | Mu Do | to less | |
| REQUI | Sign | ature of a member o | or an authorized representative of a m | ember. |
| REQUI | (In accordance constitutes as I am aware the | ce with section 608.40 n affirmation under th hat any false informat | 08(3), Florida Statutes, the execution of the penalties of perjury that the facts state ion submitted in a document to the Department to t | this document d herein are true. |
| REQUI | (In accordance constitutes as I am aware the | ce with section 608.40 in affirmation under the hat any false informat third degree felony as | 08(3), Florida Statutes, the execution of the penalties of perjury that the facts state | this document d herein are true. |

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)