Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. **BLACK SWAN SECURITY LLC**

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EXAMINER

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Help

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

BLACK SWAN SECURITY LLC

ARTICLE II ADDRESS

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

17371 W,SYCAMORE DR LOXAHTCHEE, FL 33470

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE REGISTERED AGENT SIGNATURE

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

GARY JORGLEWICH 17371 W.SYCAMORE DR LOXAHTCHEE, FL 33470

Having been named as registered agent 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.

GARY JORGLEWICH / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
GARY JORGLEWICH
17371 W.SYCAMORE DR
LOXAHTCHEE, FL 33470

MANAGING MEMBER SCOTT DEAN COHEN 17371 W.SYCAMORE DR LOXAHTCHEE, FL 3347

SECRETARY OF STATE

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.

GARY JORGLEWICH

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