

L120000016772 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

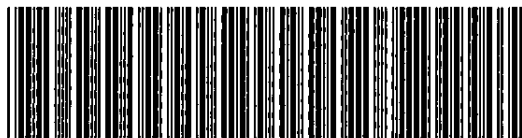
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300219084023

300219084023  
01/23/12--01052--014 \*\*155.00

FILED  
12 FEB -2 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
FEB - 3 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SYSTEMS 4 SAFETY, 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:

DAVID E. ABELES, ESQUIRE

Name of Person

THE LAW OFFICE OF DAVID E. ABELES, LLC.

Firm/Company

5 W. Highbanks Road

Address

DEBARY, FL 32713

City/State and Zip Code

Systems4SafetyLLC@gmail.com

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

For further information concerning this matter, please call:

DAVID E. ABELES

Name of Person

at ( 386 ) 668-8511

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

12 FEB -2 PM 4:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION**  
**OF**  
**SYSTEMS 4 SAFETY, LLC.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I — NAME**

The name of the limited liability company shall be:

Systems 4 Safety, LLC

**ARTICLE II — ADDRESS**

The mailing address and street address of the principal office of the company is:

611 Jackson Street  
Lake Helen, FL 32744

**ARTICLE III — DURATION**

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State or on another effective date if specified. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these articles of organization or in the regulations.

**ARTICLE IV — REGISTERED OFFICE AND AGENT**

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

Cynthia Blomquist  
611 Jackson Street  
Lake Helen, FL 32744

**ARTICLE V — CAPITAL CONTRIBUTIONS**

The members of the company shall contribute to the capital of the company the cash or property set forth in Exhibit "A".

FILED  
12 FEB -2 PM 4:15  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE VI — ADDITIONAL CAPITAL CONTRIBUTIONS**

Each member shall make additional capital contributions to the company only on the unanimous consent of all the members or as provided in the regulations.

## **ARTICLE VII — ADMISSION OF NEW MEMBERS**

Except as set forth in the regulations, no additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on the terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all of the members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

## **ARTICLE VIII — MEMBERS' RIGHT TO CONTINUE BUSINESS**

The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by majority vote of the remaining members.

## **ARTICLE IX — MANAGEMENT**

The company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The names and addresses of the members of the company are:

NAME  
Cynthia Blomquist

ADDRESS  
611 Jackson Street, Lake Helen, FL 32744

FILED  
FEB - 2 PM 4:15  
STATE  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization at Debary, Florida, on this \_\_\_\_ day of January, 2012.

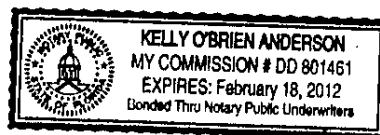
*C. Blomquist*  
CYNTHIA BLOMQUIST

STATE OF FLORIDA:  
COUNTY OF VOLUSIA:

THE FOREGOING instrument was acknowledged before me this 10th day of January, 2012 by CYNTHIA BLOMQUIST.

✓ who is personally known to me, or  
who produced DRIVER'S LICENSE as identification.

*Kelly O'Brien Anderson*  
Notary Public



FILED  
12 FEB - 2 PM 4:15  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: SYSTEMS 4 SAFETY, LLC
2. The name and address of the registered agent and office is: Cynthia Blomquist  
611 Jackson Street  
Lake Helen, FL 32744



CYNTHIA BLOMQUIST

Title: President

Date: \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.



CYNTHIA BLOMQUIST

Registered Agent

Date: \_\_\_\_\_

FILED  
12 FEB -2 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2012

DAVID E. ABELES, ESQ.  
5 W. Highbanks Road  
DeBary, FL 32713

SUBJECT: SYSTEMS 4 SAFETY, LLC  
Ref. Number: W12000004521

We have received your document for SYSTEMS 4 SAFETY, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 412A00001711