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2012 HAR 16 AH 8: 32 SECRETARÝ OF STATE, TALLAHASSEÉ, FLORIDA

> J. SAULSBERRY EXAMINER

MAR 20 2012

COVER LETTER

TO:

Registration Section

Division of Co	orporations			
_{subject:} Kelly	Security and Inve	stigation S	ervices, LLC	
-	Name of Limite	ed Liability Compa	ny	
The enclosed Articles o	of Organization and fee(s) are s	submitted for filing	į.	
Please return all corresp	ondence concerning this matt	er to the following:	:	
	DANIE	L KELLY		
		Name of Person		
Kelly Sec	curity and Investig	ation Servi	ces, LLC	
		Firm/Company	·	
	6537 SW 2	27TH ST		
		Address		7 · · · · ·
	MIRAMAR, FL 33023			2012 MAR 16 SECRETARY ALLEMASSE
	City/State and Zip Code			
KELLYDAN	IEL12345@COMCA	ST.NET		
For further information	E-mail address: (to be used for concerning this matter, please	· · · · · · · · · · · · · · · · · · ·	rt notification)	AH & 32 OF STATE C. EL ORIDA
t of further information (concerning this matter, please	can.		AIT S
DANIEL KELLY at (954) 274-1166		<u>.</u>		
Name o	of Person	Area Code	& Daytime Telephone Num	ber
Enclosed is a check fo	or the following amount:			
\$125.00 Filing Fee ▼	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y Certification is enclosed) Certification	Filing Fee, ate of Status & d Copy al copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CIC	LE	I -	Na	me:
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The name of the Limited Liability Company is:

Kelly Security and Investigation Services, 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:
6537 SW 27TH ST MIRAMAR FL, 33023	6537 SW 27TH ST MIRAMAR FL, 33023
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re DANIEL KELLY	egistered agent are:
Name	
6537 SW 27TH S	ess (P.O. Box NOT acceptable) R 33023
Florida street addr	ress (P.O. Box NOT acceptable)
MIRAMAR	FL 33023 55 33
City, Stat	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
CEO / MRG	DANIEL KELLY 6537 SW 27TH ST MIRAMAR	
	2012 HAR TALL AHA	41.
	AR 16 AH 84 HASSEE, FLOR	***
(Use attachment if necessary)	AATE 32	
ARTICLE V: Effective date, if other the (If an effective date is listed, the date m to or 90 days after the date of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pri	or
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DANIEL KELLY

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)