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COVER LETTER

Division of Corporations
SUBJECT: Level III Security Training School
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:
Louis A Rogers
Name of Person
Level III Security TRAINING Echool Firm/Company
1751 LAUDER AVE
Address
JACKSONVILLE PL 32208
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
\mathcal{L}
Jours A Kogers at (904) 4282368 Name of Person Area Code & Daytime Telephone Number
Name of Person O Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section
Division of Corporations Division of Corporations
P.O. Box 6327 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:

Level III Security Training (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
JACKSON VILLE FL32208	JACKSON VILLE PL 32208
JacksonVILLE	gistered agent are:

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)

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	•
ALC D	\mathbf{J} . \mathbf{A} \mathbf{D}
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11/GR971	JACKSONVILLE FL 32208
Jun Dan	0
1116K 711	PATRICIA Kozers.
	TACKSONVILLE FL 3220 8
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(Use attachment if necessary)	
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ARTICLE IV- Manager(s) or Managing Member(s):

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)