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03/30/12--01018--029 **0.75

04/13/12--01023--005 **51.25

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12 APR 13 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 16 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2012

JAMES W COMBS, III
6346 RYERSON CIR
APT #8
WESLEY CHAPEL, FL 33544

SUBJECT: WHITE SANDS INVESTIGATIONS & PROTECTIVE SERVICES,
LLC
Ref. Number: W12000018297

We have received your document for WHITE SANDS INVESTIGATIONS & PROTECTIVE SERVICES, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You have completed the wrong form for filing an LLC.

Please return the corrected original and one copy of 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) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 412A00010776

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White Sands Investigations & Protective Services, 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:

James W. Combs III - MGR
Name of Person

White Sands Investigations & Protective Services LLC.
Firm/Company

6346 Ryerson CIR APT. #8
Address

Wesley Chapel, FL 33544
City/State and Zip Code

CombsJames@rocketmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James W. Combs III at (813) 451-4661
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

White Sands Investigations & Protective 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:

6346 Ryerson CIR. APT #8
Wesley Chapel, FL 33544

6346 Ryerson CIR APT. #8
Wesley Chapel, FL 33544

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

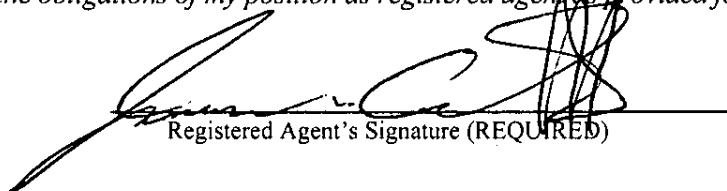
James W. Combs III - MGR
Name

6346 Ryerson CIR. APT. #8
Florida street address (P.O. Box NOT acceptable)

Wesley Chapel, FL 33544
City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

FILED

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

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

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TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

James W. Combs III
6346 Ryerson CIR. APT. #8
Wesley Chapel, FL 33544

MGRM

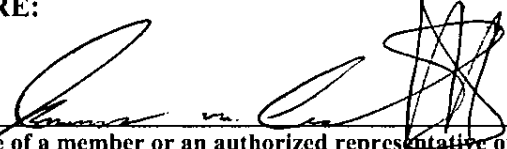
Heather K. Combs
6346 Ryerson CIR. APT. #8
Wesley Chapel, FL 33544

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

James W. Combs III

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)