Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name

LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 Phone

: (305)552-5973

Fax Number

: (305) 220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA LIMITED LIABILITY CO. INTERNATIONAL SECURITY CONSULTANTS & PROVIDERS, LLC.

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Certificate of Status	1
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Estimated Charge	\$130.00

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Corporate Filing Menu

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T. HAMPTON

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERNATIONAL SECURITY CONSULTANTS & PROVIDERS, 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:

1082 TUPELO WAY

WESTON, FL. 33327

1082 TUPELO WAY WESTON, FL. 33327

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:

MANUEL ORTEGA

Name

1082 TUPELO WAY

Florida street address (P.O. Box NOT acceptable)

WESTON

FL 33327

City, State, 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

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGR		MANUEL ORTEGA 1082 TUPELO WAY
		WESTON, FL 33327
MGRM		GUARIEN E. CABRERA
	•	8005 SW 107TH. AVENUE APT. 209
		MIAMI FL. 33173
	<u></u>	
(Use attachment	if necessary)	
		APPR 10 2012 (07770)
LEV: Effective	date, if other than th	te date of filing: APRIL 19, 2012 (OPTION). be specific and cannot be more than five business da

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florito Stanutes, 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.)

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 30.00 Certified Copy (Optional)5 5.00 Certificate of Status (Optional)

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