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(Re	questor's Name)	<u> </u>
(Ad	dress)	
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	-	
(Cit	:y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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04/23/12--01006--002 **125.00

COVER LETTER

Registration Section
Division of Corporations

TO:

_{SUBJECT:} Sentir	nel Forensics, LL	C	
		ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	er to the following:	
Brian Sca	avo <u>t</u> to		
		Name of Person	
Sentinel F	Forensics, LLC		
		Firm/Company	
2217 Cyp	ress Court		
		Address	
Tavares, Fl	orida 32778		
		//State and Zip Code	
bscavotto@		or future annual report notifica	tion)
		•	non)
For further information	concerning this matter, please	call:	
Brian Scavotto		at (561) 704-3	3703
Name o	of Person	Area Code & Daytin	ne Telephone Number
Enclosed is a check fo	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclos	\$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 Ad Registration Section Division of Corpon Clifton Building 2661 Executive Con Tallahassee, FL 32	n rations enter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
Sentinel Forensics, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
2217 Cypress Court Tavares, Florida 32778	2217 Cypress Court Tavares, Florida 32778	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Registered Agent. You must designate an indiv	idual or another
The name and the Florida street address of	the registered agent are:	FIL 2 APR 23 LORETAR ALLAHASS
Brian Scavotto		AS P
	Name	مسر ليل
2217 Cypress	Court	AN IO: 58
Florida stre	eet address (P.O. Box NOT acceptable)	
Tavares	_{FL} 32778	A CO
C	ity, 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 (REQUIRED)

(CONTINUED)

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

"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Brian Scavotto
	2217 Cypress Court
	Tavares, Florida 32778

(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date mu days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days price
o days after the date of filling.)	
REQUIRED SIGNATURE:	TALLY ALLY
ζ,	12 APR 23 SECNETAR TALLAHASS
REQUIRED SIGNATURE:	TALLAR 23 F
REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation.	ember or an authorized representative of a member. 12
REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation.	n 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of the penalties of the
REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false i constitutes a third degree in	n 608.408(3), Florida Statutes, the execution of this document? under the penalties of perjury that the facts stated herein as true. information submitted in a document to the Department of th
REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false i constitutes a third degree in	n 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of the penalties of the

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)