

**L20000067525**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**50140**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**MAY 18 2012****L. SELLERS**

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
UNLIMITED SECURITY DOORS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**RECEIVED****12 MAY 17 AM 7:00****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****12 MAY 17 PM 4:00****FILED**

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

UNLIMITED SECURITY DOORS, 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:

10835 NW 29th Street

MIAMI FL. 33172

Mailing Address:

10835 NW 29th Street

MIAMI FL. 33172

### 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:

Mayelin MATTIG

Name

1785 Calais Drive Apt 02

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

Miami Beach FL 33141

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,*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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12 MAY 17 PM 4:30  
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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SM INTERNATIONAL INVESTMENT, INC

1785 Calais Drive Ste # 02

Miami Beach, FL 33141

MGR

Mayelin MATTIG

1785 Calais Drive Apt. 02

Miami Beach, FL 33141

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05/15/2012 (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.)

Mayelin MATTIG

\_\_\_\_\_  
Typed or printed name of signer

**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)

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