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2012 MAY 25 AM 8: 32 SECRETARY OF STATE TALLAHASSEE FELORIDA

SAULSBERRY EXAMINER MAY 29 2012

# **COVER LETTER**

TO: Registration Sec Division of Corp							
<sub>SUBJECT:</sub> AD Sec	curity Training LLC	;					
	Name of Limited L		ny				
The enclosed Articles of C	Organization and fee(s) are subr	nitted for filing	; <b>.</b>				
Please return all correspor	ndence concerning this matter to	the following:	:				
Denis San	chez						
<del></del>	Nar	ne of Person		- · · · · · · · - · -			
AD Securi	ty Training LLC						
	Fin	m/Company				_	
2008 River	side Avenue, Ste.	# 305					
		Address				_	
Jacksonville	, Fl 32204				ALL.	20121	
	City/Sta	ite and Zip Code			美商	HAY	-31
denis@adsed	curitytrainingllc.com				AR SS	25	
	E-mail address: (to be used for fu	iture annual repo	rt notification)		E 0		m
For further information co	ncerning this matter, please cal	l:	·		FLORI	AM 8:	
Denis Sanchez	at	(904)	874-5196			32	
Name of			& Daytime Teleph	ione Number			
Enclosed is a check for	the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	y is enclosed)	\$160.00 Filir Certificate of Certified Cop (additional copy	f Status ( py		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division G Clifton B 2661 Exe	ourier Address on Section of Corporations uilding ccutive Center Cir ee, FL 32301	rcle			

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:
he name of the Limited Liability Company is:
• • •
AD Security Training LLC
to occurry framing ELO
(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	s: <u>Mailing Address:</u>	
2008 Riverside Avenue, S Jacksonville, Fl 32204	ite. # 305  2008 Riverside Avenue, S  Jacksonville, Fl 32204	te. # 305
The name and the Florida  Deni  121	red Agent, Registered Office, & Registered Agent annot serve as its own Registered Agent. You must designate an incrida registration.)  street address of the registered agent are:  Sanchez  Name  Solution Trail  Florida street address (P.O. Box NOT acceptable)  Sonville,  FL 32223  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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

MACODII AC	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGR"	Denis Sanchez
	12159 Travertine Trail
	Jacksonville, Fl 32223
"MGRM"	Ana Gloria Sanchez
	12159 Travertine Trail
•	Jacksonville, Fl 32223
(Use attachment if necessary)  CLE V: Effective date, if other than the state of th	the date of filing: (OPTIONAL
CLE V: Effective date, if other than t	the date of filing: (OPTIONAL t be specific and cannot be more than five business days
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