112-00074411

·
(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100235797651

06/04/12--01055--018 **130.00

2012 JUH -4 PH 12: 13
SECRETARY OF STATE
TATE AHASSEE FLORIDA

T. CLINE

JUN - 5 2012

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Solar Surveillance, LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
933 S. Military Trail E5	1728 Sawgrass Circle
West Palm Beach, FL 33415	Greenacres, FL 33413
The name and the Florida street address of the I Anthony Leong Name	registered agent are:
1728 Sawgrass 0	Circle
	dress (P.O. Box <u>NOT</u> acceptable)
Greenacres	_{FL} 33413
City, St	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

P	Anthony Leong
	1728 Sawgrass Circle
	Greenacres, FL 33413
<u>VP</u>	April Leong
	1728 Sawgrass Circle
	Greenacres, FL 33413
MGRM	Scott Smith
	9696 Majestic Way
	Boynton Beach, Fl 33437
<u>D</u>	Anthony Leong
	1728 Sawgrass Circle
	Greenacres, FL 33413
(Use attachment if nece	essary)
	other than the date of filing: June 1, 2012 . (OPTIONAL) e date must be specific and cannot be more than five business day filing.)

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.)

Anthony Leong

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)