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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
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J. SAULSBERRY EXAMINER

JUL 12 2012

COVER LETTER

Registration Section

Tallahassee, FL 32301

Division of Corporations				
SUBJECT: All About (Name	+ You Security Service of Resulting Florida Limited Company)	<u>ce</u> s		
	, Articles of Organization, and fees are submitted Limited Liability Company" in accordance with		S.	
Please return all correspondence concer	rning this matter to:			
David A. Pierce				
Oavid A. Pierce (Contact Person) All About You Sec (Firm/Company) 2400 15 th Ave, So, (Address)	urity Services			
2400 15th AVE, So.	#42	E 2		
			<u>अष्ट्रभूक,</u>	
ST, Peters burg, FL (City, State and Zip Coo	337/2	2312 JUL -2 SELANDAR) SELANDAR)	and	
(City, State and Zip Co	de)	\$23 \ \	1 [7]	
aay david @ hotmail	· Com		11	
E-mail address: (to be used for future annual re	· · · · · · · · · · · · · · · · · · ·			
·		AH 8+20 OF STATE		
For further information concerning this	matter, please call:	≥ C		
David A. Pierce	at (727) 623-3293 (Area Code and Daytime Telephone Number)			
(Name of Contact Person)	(Area Code and Daytime Telephone Number))		
Enclosed is a check for the following ar	mount:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P. O. Box 6327			
2661 Evacutive Center Circle	Tallahassaa FI 32314			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	s:
All About You Sec	urity Services LCC
(Must end with the words "Limited Liability Company, the ab	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2400 (5th Ave. So. #42 ST. Pete, FL 33712	2400 15th Ave. So #42 ST. Pete, FL 33712
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature; stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
David A	Name Pierce
	Name RIDE
	Ave. 50, 492
Florida street addres	s (P.O. Box <u>NOT</u> acceptable)
ST. Poters bur	g FL 337/2 , State, and Zip
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 I	V -	Manage	r(s) o	r	Managing	Mem	ber(s)	:
				_				

The name and address of each Manager or Managing Member is as follows:

Name and Address:

<u>Title:</u>
"MGR" = Manager
"MGRM" = Managing Member

MGR