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K.SALY EXAMINER JUL 31 2012

COVER LETTER

TO:	Registration of	n Section Corporations	
SUBJI	ECT: SRI	Investigations LLC	
			ed Liability Company
The en	closed Article	s of Organization and fee(s) are	submitted for filing.
Please	return all corre	espondence concerning this matt	er to the following:
	Ron Sp	iller	
			Name of Person
	SRI Inv	estigations LLC	
			Firm/Company
	P.O. Bo	x 3126	
			Address
ı	Brandon	FL 33569	
		City	y/State and Zip Code
	Ron.Spille	er@ymail.com	
		E-mail address: (to be used f	or future annual report notification)
For fur	ther information	on concerning this matter, please	call:
Ron	Spiller	_	at (813) 930-5224
	Nar	ne of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check	for the following amount:	
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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 Address Registration Section, Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SRI Investigations LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

8875 Hidden River Parkway #300 Tampa, FL 33637	P.O. Box 3126 Brandon, FL 33509
Tampa, F L 33037	
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
KSKR Enterprises Ir	nc 38 E
Na	ime STA D
10810 Boyette	Rd #131
Florida street	address (P.O. Box NOT acceptable)
Riverview	_{FL} 33568

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..

City, State, and Zip

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:

MGRM	Kskr Enterprises Inc
	10810 Boyette Rd #131 Riverview FL 33568
MGRM	Guardian Forensics LLC
	P.O. Box 3126 Brandon, FL 33568
,	
(Use attachment if necess	<i>-</i> y)
LE V: Effective date, if o fective date is listed, the	er than the date of filing: (OPTIONAlte must be specific and cannot be more than five business day
days after the date of fill	g.)

(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.)

Ronald Spiller

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)