

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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L. SELLERS

To:

Division of Corporations-

Fax Number : (850)617-6383

From:

Account Name

: CSH SERVICES, LLC

Account Number : I20070000160

: (800)494-3124

Phone Fax Number

: (561)455-9885

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FLORIDA LIMITED LIABILITY CO. PRIVATE EYES SECURITY SERVICES LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

PRIVATE EYES SECURITY SERVICES LLC

ARTICLE II __ ADDRESS

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

5509 ALBIN DRIVE GREENACRES, FLORIDA 33463

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

JOSIAS EMILCAR 5509 ALBIN DRIVE GREENACRES, FLORIDA 33463

Having been named as registered agent 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.

JOSIAS EMILCAR / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER JOSIAS EMILCAR 5509 ALBIN DRIVE GREENACRES, FLORIDA 33463

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.

JOSIAS EMILCAR