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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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FLORIDA LIMITED LIABILITY CO.  
OMEGA SECURITY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED  
12 OCT -4 AM 6:54  
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TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD Help

OCT - 5 2012

EXAMINER

Please be advised that the  
owners of this company are the  
same as those of Omega  
Security, INC. and Omega  
Security of South Florida, INC.  
Thank you.

FILED

12 OCT -4 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Oct. 4, 2012 4:03PM OMEGA SECURITY

No. 4992 P. 3/4

H12000242653

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Omega Security, LLC.

(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:**6065 N.W. 167th Street  
Suite # B-2  
Miami Lakes, Florida 33015**Mailing Address:**6065 N.W. 167th Street  
Suite # B-2  
Miami Lakes, Florida 33015**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Omega Security of South Florida, Inc.

Name

6065 N.W. 167th Street, Suite # B-2Florida street address (P.O. Box **NOT** acceptable)Miami Lakes, FL 33015

City, State, and Zip

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*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)

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Oct. 4. 2012 4:04PM

OMEGA SECURITY

No. 4992 P. 4/4

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGR

Rene Samuel Gonzalez

6085 N.W. 167th Street, Suite # B-2

Miami Lakes, Florida 33015

MGRM

Ivette Gonzalez

6085 N.W. 167th Street, Suite # B-2

Miami Lakes, Florida 33015

MGRM

David Ramos

6085 N.W. 167th Street, Suite # B-2

Miami Lakes, Florida 33015

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**  
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.)

Rene Samuel Gonzalez

Typed or printed name of signer

**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)

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