L12000151867

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500242902935

12/21/12--01007--001 **25.00

ZOIZ DEC 21 PM 1:31
SECRETARY OF STATE

J. BRYAN

DEC 2 6 2012

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUPERIOR PROTECTION SERVICES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTHUR E PATTON II

Name of Person

SUPERIOR PROTECTION SERVICES, LLC

Firm/Company

1700 N.W. 49TH STREET, SUITE 110

Address

FORT LAUDERDALE, FL, 33309

City/State and Zip Code

SPSARTPATTON@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR E PATTON II

,954

790-4518

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status

□ \$55 Filing Fee & Certified Copy ■ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

$ heta = oldsymbol{arphi}$		
ARTICLES OF CORRECTION FOR		
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY		
Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.		
FIRST: The name of the limited liability company is: SUPERIOR PROTECTION SERVICES, LLC		
SECOND: The articles of organization or the application to transact business (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:		
THE ORIGINAL FILING OF OUR LLC HAS AN INCORRECT EFFECTIVE DATE.		
THE REASON FOR THE WRONG EFFECTIVE DATE WAS A COMMUNICATION ERROR.		
THE TRUE EFFECTIVE DATE IS JANUARY 1, 2013, NOT DECEMBER 1, 2012.		
<u>OR</u>		
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:		
Dated: DECEMBER 13 2012		
Signature of a member or authorized representative of a member		
ARTHUR E. PATTON II		
Typed or printed name of signee		

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L12000151867 FILED 8:00 AM December 05, 2012 Sec. Of State jsaulsberry

THE PAISSEE, FLORESTEE, FLORESTEE

Article I

The name of the Limited Liability Company is: SUPERIOR PROTECTION SERVICES, LLC

Article II

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

1700 NW 49TH STREET SUITE 110 FORT LAUDERDALE, FL. 33309

The mailing address of the Limited Liability Company is:

1700 NW 49TH STREET SUITE 110 FORT LAUDERDALE, FL. 33309

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

ANTHONY R LLAMAS 1700 NW 49TH STREET SUITE 110 FORT LAUDERDALE, FL. 33309

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.

Registered Agent Signature: ANTHONY R LLAMAS

Article V

The name and address of managing members/managers are:

Title: MGRM ANTHONY R LLAMAS 1700 NW 49TH STREET, SUITE 110 FORT LAUDERDALE, FL. 33309

Title: MGRM ARTHUR E PATTON II 1700 NW 49TH STREET, SUITE 110 FORT LAUDERDALE, FL. 33309

Article VI

The effective date for this Limited Liability Company shall be: 12/01/2012

Signature of member or an authorized representative of a member

Electronic Signature: ANTHONY LLAMAS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L12000151867 FILED 8:00 AM December 05, 2012 Sec. Of State jsaulsberry

