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Effective Date 7/9/13

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JUL 1 5 2013 T. HAMPTON

COVER LETTER

, COVER EDITER ,
TO: Registration Section Division of Corporations
SUBJECT: Backwoods Security, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Max Roehm
Name of Person
Backwards Security, LLC Firm/Company
6011 WE 19th terrace
Address
Fort Lauderdale FL 33308 City/State and Zip Code Max roehm@gmail.com E-mail address: (to be used for luture admual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
11 D 1 001 100
Name of Person at (454) 326 1142 Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section

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

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

Effective Date 7/9/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company	y is
Principal Office Address:	Mailing Address:	
Fort Landerdonle, FL 33308	P.O. Box 273217 Boca Ruton, FL 33427	,
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
Name	olhm	
6011 NE 197	4 Lerrace	
	ress (P.O. Box <u>NOT</u> acceptable)	
Fort Lauderdal City, Sta	RFL 3330Y Ite, and Zip	
registered agent and agree to act in this capaci all statutes relating to the proper and complete	accept service of process for the above stated lin his certificate, I hereby accept the appointment a ity. I further agree to comply with the provision. e performance of my duties, and I am familiar w gistered agent as provided for in Chapter 608, F	as is of vith
May 1	DIVIS	38
Registered Agent's Signatu	ure (REQUIRED)	CRET
(CONTIN Page 1 of 2	UED)	ARY OF STAI
r age 1 of 2	5 - 5	2.E.

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Hax Rochm 6011 NE 19th Lerrace
MGR	Andrew Lucas 2143 Bethel blud. Boca Raton, FL 33486
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	date of filing: 7[9/2013. (OPTIONAL) to be specific and cannot be more than five business day

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. 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.)

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)