

U13 000 110771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

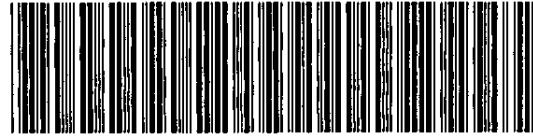
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OD SECURITY SERVICES 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:

OSCAR E DE LIMA
Name of Person

OD SECURITY SERVICES LLC
Firm/Company

8421 S. ORANGE BLOSSOM TRAIL
Address
SUITE 214

ORLANDO, FL. 32809
City/State and Zip Code

OSCARDE.25 @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR E. DE LIMA at (860) 690 9818
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Success/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLE I - ORGANIZATION AND INCORPORATION IN FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Name:

The name of the Limited Liability Company is:

O.D SECURITY SERVICES LLC

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

ARTICLE III - Address:

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

Principal Office Address:

Mailing Address:

8421 S. ORANGE BLOSSOM TRAIL
SUITE 214
ORLANDO, FL. 32809

P.O. BOX 770067
ORLANDO, FL. 32877-0067

ARTICLE IV - 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:

OSCAR E. DE LIMA
Name:

12640 SAWGRASS OAK STREET
Florida street address (P.O. Box NOT acceptable)

ORLANDO, FL. 32824
City, State, and Zip

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.

Oscar E. De Lima
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

OSCAR E. DELIMA
12640 SAWGRASS OAK STREET
ORLANDO, FL. 32824

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-1-2013 (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. I am aware that any false information submitted in a document to the Department of Banking and Finance constitutes a third degree felony as provided for in s.817.155, F.S.)

OSCAR E. DELIMA

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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