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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	o)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT. Executive Security and Protection Services

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:

Tallahassee, FL 32314

Fred M	l. Parks		
		Name of Person	
Execut	ive Security a	nd Protection Services	3
		Firm/Company	
209 Ca	pitol Court		
		Address	
Ocoee, FL 34761			2018 D
	Ci	ty/State and Zip Code	
esp.services_usa@yohoo.com		588 6	
E-mail address: (to be used for future annual report notification)		for future annual report notification)	P.
For further information	concerning this matter, please	e call:	1.0
Fred M Pa	ırks	352 638-8143	1: 38 1AE 0A10a
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	(additional copy is enclosed) Certified (of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - N The name of the	lame: Limited Liability	Company is:	
	and Protection Services	s, LLC ds "Limited Liability Company, "L.L.C.," or "LLC.")	
	(widst end with the work	is Emilied Datability Company, 12.12.0., or 12.20.	
ARTICLE II -	Address:		
The mailing add	ress and street add	lress of the principal office of the Limited Li	iability Company is:
Principal Office	e Address:	Mailing Address:	
209 Capitol Court	·	Ocoee, FL 34761	
(The Limited Liability		t, Registered Office, & Registered Agent' as its own Registered Agent. You must designate an indivation.)	
The name and th	e Florida street ad	dress of the registered agent are:	
	Fred M. Parks		<u> </u>
		Name	
	2000 Erving Circle	9 #307	
	F	lorida street address (P.O. Box <u>NOT</u> acceptable)	38 03 03
	Ocoee,	_{FL} 34761	
		City, State, and Zip	
TT . 1	, , ,		1

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 (REOUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Fred M. Parks	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2000 Erving Circle #307	
	Ocoee, FL 34761	
(Use attachment if necessary)		
CLE V: Effective date, if other than the	he date of filing: (OPTIONA ist be specific and cannot be more than five busine	
CLE V: Effective date, if other than the effective date is listed, the date mu	ist be specific and cannot be more than five busine	
CLE V: Effective date, if other than the effective date is listed, the date mut or 90 days after the date of filing.)	ist be specific and cannot be more than five busine	
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	22 Canh	ess
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	ber or an authorized representative of a member.	ess
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info	22 Canh	ess
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State or the penalties of perjury that the facts stated herein are true.	ess

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)