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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Cyber-Protectors	s.com LLC	
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Chris Campbell		
· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Firm/Company	
79 SW 12th Stree	et Apt. 1205	. 3
<u> </u>	Address	
Miami, FL 33130		
	City/State and Zip Code	
ccampb01@gmail.com		P 1
E-mail address:	(to be used for future annual report notification)	
For further information concerning this matter, ple	ease call:	6 O
Chris Campbell	305 , 2970754	
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 & Certified Copy (additional copy is enclosed) Certified Co (additional copy)	of Status & opy
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION	ON FOR FLORIDA LIMITED LIABILITY CO	OMPANY
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Cyber-Protectors.com LLC		
	"Limited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited Liability Cor	npany is:
Principal Office Address:	Mailing Address:	
79 SW 12th Street Apt. 1205	79 SW 12th Street Apt. 1205	
Miami, FL 33130	Miami, FL 33130	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida reference and the Florida street address of the results of the re	is its own Registered Agent. You must des egistration.)	
Chris Campbell		
	Name	
79 SW 12th Street Apt. 1205		
Florida street address ((P.O. Box <u>NOT</u> acceptable)	
Miami	FL 33130	
City	Zip	
Having been named as registered agent and to the place designated in this certificate, I here capacity. I further agree to comply with the place of my duties, and I am familiar with and access Registered Agent	eby accept the appointment as registered a rovisions of all statutes relating to the prop	gent and agree to act in this er and complete performance
(Co	ONTINUED)	2014 JA
	Page 1 of 2	N30 PM 1:00

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Chris Campbell
AMDR	79 SW 12th Street Apt. 1205
	Miami, FL 33130
	·
(Use attachment if necessary)	
ective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
ective date is listed, the date must be of filing.) E VI: Other provisions, if any.	
ective date is listed, the date must be of filing.) E VI: Other provisions, if any.	
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ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	specific and cannot be more than five business days prior to or 90 member or an authorized representative of a member.
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sections)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sectic constitutes an affirmation)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a (In accordance with sectic constitutes an affirmation I am aware that any false	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of State in formation approvided for in s.817.155, F.S.)
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