L14000014078

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
OIVISION OF CORPORATIONS
14 MAR 17 PM 3: 37

MAR 17 2014 J. HARRIS

COVER LETTER

SUBJECT: <u>Certified Secur</u>	Name of Li	mited Liability Company	
The enclosed Articles of Organ	nization and fee(s) a	ure submitted for filing.	
Please return all correspondence	ce concerning this n	natter to the following:	
	_	ë1	
Stephen Vincesl	io .lr	7 (3)	
		Name of Person	
		77 A	
Certified Securit	v Consulting		
`		Firm/Company	
		n de la la companya de la companya d	
8390 SE Camell	a Dr	<u> </u>	
		Address	
Hobe Sound Fl. 3		N: 10:	
	(City/State and Zip Code	
svinceslio@aol.com	addeass (to be use	d for future annual report notific	
C-Man	address: (to be use	a for future annual report notifica	ation)
For further information concern	ing this matter, plea	ase call:	
Stephen Vinceslio		561 <u>) 972-1772</u>	
Name of Pers	on	Area Code Daytime Te	lephone Number
Enclosed is a check for the follo	wing amount:		
	0.00 Filing Fee & ificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

10 - x 6

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



February 28, 2014

STEPHEN VINCESLIO JR 8390 SE CAMELLIA DR HOBE SOUND, FL 33455

SUBJECT: CERTIFIED SECURITY CONSULTING, LLC

Ref. Number: W14000013197

We have received your document for CERTIFIED SECURITY CONSULTING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

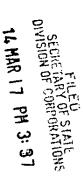
Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS Regulatory Specialist II

Letter Number: 814A00004481



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Site and the site of the site	
Certified Security Consulting, LLC (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8390 SE Camellia Dr Hobe Sound FI 33455	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or n.)
Stephen Vinceslio Jr Namc	
Name	
8390 SE Camellia Dr	NOT
Florida street address (P.O. Box	NOT acceptable)
Hobe Sound	<u>FL</u>
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in the er 605, F.S

(CONTINUED)

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DIVISION OF CORPORATIONS

11. MAR 17 PM 3: 37

Stephen Vinceslio Jr 8390 SE Camellia Dr Hobe Sound FI 33455
8390 SE Camellia Dr
8390 SE Camellia Dr
Hobe Sound FI 33455
an authorized representative of a member.) (b), Florida Statutes, the execution of this document
lties of perjury that the facts stated herein are true.
bmitted in a document to the Department of State
ided for in s.8,17.155, F.S.)
ided for in s.8.17.155, F.S.) (NIES (18 Sc.) or printed name of signee

ARTICLE IV-

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)