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MAY 0 7 2014

S. YOUNG

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	Safetec Solutions Name of Lin	LLC nited Liability Company	_
The enclose	d Articles of Organization and fee(s) a	re submitted for filing.	
Please return	n all correspondence concerning this m	eatter to the following:	
-	Jordan Rabert	Davis Name of Person	
-	Sofetec Solutions	, LLC Firm/Company	
-	500 Falm Springs		
-	Indian Harbour Boo	City/State and Zip Code	
	Zdavis - Safetec (E-mail address: (to be use	Sity/State and Zip Code Grail. Com d for future annual report notification)	_
For further i	information concerning this matter, plea		
Inda	Name of Person	Area Code Daytime Telephone Numb	 per
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$\sum \$\frac{\sum \$\\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	(additional copy is enclosed) Certified	te of Status & Copy copy is enclosed)
	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	TILEU SECRETANS EN

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Safetec Solutions	d Liability Company, "L.L.C.," or "LLC	<u> </u>
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC	C.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company	ı is:
Principal Office Address:	Mailing Address:	
500 falm Springs Blud. #503	500 Falm Springs Bl. #1503 Indian Harbour Booch	vd.
Indian Harbour Beach, FL 32937	Indian Harbour Booch,	FL 32937
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.	n Registered Agent. You must designate on.)	e an individual or
Jordon Rober	t Davis	
Nam	t Davis	
500 Falm Springs	Blvd., #503	
500 Palm Springs Florida street address (P.O. Bo	x NOT acceptable)	
Indian Harbour Beach	FL 32937	
City	Zip	
·	pt the appointment as registered agent as of all statutes relating to the proper and bligations of my position as registered agpter 605, F.S	and agree to act in this d complete performance
(CONTINI	U ED)	Est =
Page I of	72	

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Jordan Robert Davis
	500 Falm Springs Blvd., #503
	Indian Harbour Beach, FL 32937
	ma-2
F 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
(Use attachment if necessary)	
f filing.) E VI: Other provisions, if any.	
E VI: Other provisions, if any. REQUIRED SIGNATURE:	R. Dan
REQUIRED SIGNATURE: Signature of (In accordance with sect constitutes an affirmation I am aware that any false	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State te felony as provided for in s.817.155, F.S.)
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