

L14000122681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

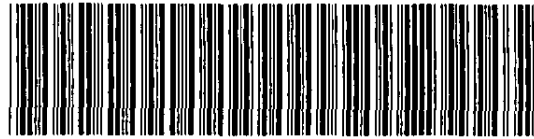
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200262982972

08/05/14--01014--017 \*\*160.00

FILED  
14 AUG -5 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG - 5 2014  
T. HAMPTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NIS SURVEILLANCE INC

**DOCUMENT NUMBER:** N14000001438

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHAWN JOHNSON

(Name of Contact Person)

NIS SURVEILLANCE INC

(Firm/Company)

1409 KINGSLEY AVE., BLDG. 2

(Address)

ORANGE PARK, FL 32073

(City/State and Zip Code)

For further information concerning this matter, please call:

SHAWN JOHNSON at (904) 704-6111

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO WHOM IT MAY CONCERN:

I am not going to revoke the dissolution for the non-profit corporation. And I release the name for the Limited Liability Corporation.

Cordially,

A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a horizontal line extending to the right.

Shawn Johnson

FILED  
14 AUG -5 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NIS SURVEILLANCE, 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 office of the Limited Liability Company is:

### Principal Office Address:

1409 KINGSLEY AVE., BLDG. 2  
ORANGE PARK, FL 32073

### Mailing Address:

1409 KINGSLEY AVE., BLDG 2  
ORANGE PARK, FL 32073

## ARTICLE III - 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:

SHAWN JOHNSON

Name



1409 KINGSLEY AVE., BLDG. 2

Florida street address (P.O. Box **NOT** acceptable)

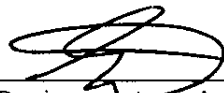
ORANGE PARK

City

FL 32073

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 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 AUG -5 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR/MBR

**Name and Address:**

80% SHAWN JOHNSON  
1409 KINGSLEY AVE., BLDG. 2  
ORANGE PARK, FL 32073

MBR

20% CRAIG ALLEN *C. Allen*  
1409 KINGSLEY AVE., BLDG. 2  
ORANGE PARK, FL 32073

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

SHAWN JOHNSON

Typed or printed name of signee

**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)**

14 AUG -5 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA