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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
Night Security Guardsman, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXAMINER

11/17/2014 3:05:26 PM PST

3239628300 From: Jay Webb

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Night Security Guardsman, LLC
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:

Cheyenne Moseley
Name of Person

LegalZoom.com, Inc.
Firm/Company

100 W Broadway, Suite 100
Address

Glendale, CA 91210
City/State and Zip Code

onlinefilings@legalzoom.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley at (323) 962-8600 ext 7625
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Night Security Guardsman, 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:

Mailing Address:

343 East Duval, Suite 100

Lake City, FL 32056

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:

Iraina Faisca

Name

214 SW Leonard Terrace

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

Lake City

City

FL

32024

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.

IRAINA FAISCA

Registered Agent's Signature (REQUIRED)

Iraina Faisca

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

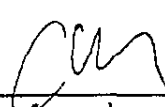
"MGR" = Manager

MGR**Name and Address:**Faisca Family Trust
343 East Duval, Suite 100
Lake City, FL 32055MGR & AMBRLuis A Faisca-Vega
343 East Duval, Suite 100
Lake City, FL 32055MGR & AMBRLuis Faisca-Vega
343 East Duval, Suite 100
Lake City, FL 32055MGR & AMBRIraina Faisca
343 East Duval, Suite 100
Lake City, FL 32055

(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.)

Cheyenne Moseley, Legalzoom.com, Inc.

Typed or printed name of signer

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)

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**Attachment to
Articles of Organization for
Night Security Guardsman, LLC**

Additional members of the Limited Liability Company are:

<u>Name of Member</u>	<u>Address</u>
Ivelisse Negron-Faisca	343 East Duval, Suite 100, Lake City, FL 32055
Jesus Faisca	343 East Duval, Suite 100, Lake City, FL 32055
Alberto Faisca	343 East Duval, Suite 100, Lake City, FL 32055
Luis Faisca	343 East Duval, Suite 100, Lake City, FL 32055

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