## L14000186779

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            |             |
| (Ad                     | ldress)            | <del></del> |
| (Ĉit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         | •                  |             |
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SEGRETARY OF STATE TALEAHASSEE. FEORIDA

## COVER BETTER

| TO:     | Registration of  | n Section<br>Corporations   |  |  |
|---------|------------------|---|--|--|
| SUBJI   | ECT:             |   | URITY & INVESTIGATION<br>nited Liability Company                                       |  |
| The en  | closed Articles  | s of Organization and fee(s) a  | re submitted for filing.   |  |
| Please  | return all corre | espondence concerning this m  | atter to the following:  |  |
|         |                  |   | Yvon Plancher Name of Person   |  |
|         |                  | PLANCHER SEC  | CURTIY & INVESTIGATION, L  | LC.  |
|         |                  |   | Firm/Company   |  |
|         |                  |   | P.O. Box 1239<br>Address   |  |
|         |                  |   | t Myers, Florida 33902<br>City/State and Zip Code                                      | ·  |
|         |                  | E-mail address: (to be use  | nplancher@yahoo.com<br>d for future annual report notifica                             | ation)   |
| For fur | ther information | on concerning this matter, plea   | ase call:  |  |
|         |                  | on Plancher at (_<br>ne of Person   | 239 ) 940-416<br>Area Code Daytime Te  | 3<br>Icphone Number  |
| Enclose | ed is a check fo | or the following amount:  | •  | ;  |
| \$125.0 | 0 Filing Fee     | □\$130.00 Filing Fee & Certificate of Status                                | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)                    | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|         | Reg<br>Div       | iling Address<br>gistration Section<br>ision of Corporations<br>b. Box 6327 | Street/Courier Add<br>Registration Section<br>Division of Corporat<br>Clifton Building |  |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |  |
|---|--|
| PLANCHER SECURITY &   | & INVESTIGATION, LLC. mited Liability Company, "L.L.C.," or "LLC.")  |
| (Musi end with the words   Li   | miled Liability Company, E.L.C., or EEC. )   |
| ARTICLE II - Address:   |  |
| The mailing address and street address of the princi  | pai office of the Limited Liability Company is:  |
| Principal Office Address:   | Mailing Address:   |
| 9724 Foxglove Circle  | P.O. Box 1239  |
| Fort Myers, Florida 33919   | Fort Myers, Florida 33902  |
| The name and the Florida street address of the regis  |  |
| Yvon  | Plancher   |
| 1   | Name   |
| 4014 Winkler Aver   | nue Ext. Apt. 201  |
| Florida street address (P.O   |  |
| Fort Myers  | FL 33916   |
| City  | Zip  |
| the place designated in this certificate, I hereby capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept to the series of my duties. Registered Agent's S | ept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performance he obligations of my position as registered agent as provided for in Chapter 605, F.S  Signature (REQUIRED)  ACCOUNTS OF THE WORLD AND ACCOUNTS |
| Page  | elof2  |

| <u> Citle:</u>  | Name and Address:  |
|---|--|
| AMBR" = Authorized Member   | · · · · · · · · · · · · · · · · · · ·  |
| MGR" = Manager  |  |
| AMBR  | Yvon Plancher  |
|   | P.O. Box 1239  |
|   | Fort Myers, Florida 33902  |
|   |  |
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|   | ***************************************  |
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| V: Effective date, if other than the date tive date is listed, the date must be sp  | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or  |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)   | ecific and cannot be more than five business days prior to or 9  |
| tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  | ecific and cannot be more than five business days prior to or s  |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  | ecific and cannot be more than five business days prior to or s  |
| V: Effective date, if other than the date rive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor | ecific and cannot be more than five business days prior to or s  |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor | ember or an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this becament or the penalties of perjury that the facts stated herein are frue.  15.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |
| V: Effective date, if other than the date rive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor | ecific and cannot be more than five business days prior to or some substitution of the penalties of perjury that the facts stated herein are fine. It is a provided for in s.817.155, F.S.)  Yvon Plancher  Typed or printed name of signce              |
| V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor | ecific and cannot be more than five business days prior to or some substitution of the penalties of perjury that the facts stated herein are fine. It mation submitted in a document to the Department of State and as provided for in s.817.155, F.S.)  |