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(Re	equestor's Name)	·
(Ac	ldress)	
·		
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	GLOBAL SPEC S	SECURITY GROUP LLC			
	Name of Li	mited Liability Company			
The enclosed Articl	les of Organization and fee(s)	are submitted for filing.			
Please return all con	rrespondence concerning this r	natter to the following:			
	,	YUSUF JOHNSON			
		Name of Person			
		Firm/Company		_	
	11604	4 DAVIS POOLE RD			
		Address	Āσ		
•	S	EFFNER FL 33584		15 F	oraș
		City/State and Zip Code	. <u></u>	3	675.da. ji
		SSGSECURITY.COM ✓	97.5 7.5	-2-	3
	E-mail address: (to be us	ed for future annual report notifica	tion)	3:P*	
For further informa	tion concerning this matter, pl	ease call:		55 75	1,440
JOSEPH JOHNS	ON at (786) 505.8117			
N	lame of Person		ephone Number		
Enclosed is a check	for the following amount:				
\$125.00 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 Statu Certified Copy (additional copy is end	s &	
<u>.M</u> R	lailing Address Legistration Section	Street/Courier Addı Registration Section	ress		
	Division of Corporations	Division of Corporat	ions		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



January 28, 2015

YUSUF JOHNSON 11604 DAVIS POOLE RD SEFFNER, FL 33584

SUBJECT: GLOBAL SPEC SECURITY GROUP LLC

Ref. Number: W15000005995

We have received your document for GLOBAL SPEC SECURITY GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Letter Number: 215A00001685

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	GLOBAL SPEC	C SECURITY GROUP LLC		
	(Must end with the word	ds "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - A				
The mailing add	ress and street address of the p	principal office of the Limited Liability Company is:		
Principal Office	e Address:	Mailing Address:		
11604 DAVIS F SEFFNER FL		11604 Davis Poole Rd Schner FL 33584		
(The Limited Lia another business	Registered Agent, Registere ability Company cannot serve s entity with an active Florida are Florida street address of the	도	rdivided or	
		SUF JOHNSON	4-	4 7777
	100		Ē	
	. 11604 D	Name DAVIS POOLE RD S (P.O. Box NOT acceptable)	9: 2	
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)	· '`	
	SEFFNER	_{FL} 33584		
	City	Zip		
	•			

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager PRESIDENT	JOSEPH JOHNSON	-		
VICE PRESIDENT	YUSUF JOHNSON	- - -		
		-		
		<u>-</u>		
		_		-
(Use attachment if necessary)		_		
CLE V: Effective date, if other than the date of effective date is listed, the date must be spec	filing: (OPTIONAL) ific and cannot be more than five business days prior to or			r
CLE V: Effective date, if other than the date of	ific and cannot be more than five business days prior to or	90 day	15 FEB	r T
CLE V: Effective date, if other than the date of effective date is listed, the date must be specate of filing.)	ific and cannot be more than five business days prior to or		13 FE	1
CLE V: Effective date, if other than the date of effective date is listed, the date must be specate of filing.) ICLE VI: Other provisions, if any.	ific and cannot be more than five business days prior to or		15 FEB 24 AH	1
CLE V: Effective date, if other than the date of effective date is listed, the date must be specate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or		15 FEB 24 #	TOLER C
CLE V: Effective date, if other than the date of effective date is listed, the date must be specate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	ific and cannot be more than five business days prior to or		15 FEB 24 AH 9:	TOLER C
CLE V: Effective date, if other than the date of effective date is listed, the date must be specate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	aber or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. as provided for in s.817.155, F.S.)		15 FEB 24 AH 9:	TOLER CONTROL

Page 2 of 2