Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone Fax Number

: (702)866-2500 : (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. GLOBAL Security Controls, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MAR 2 7 2015

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H15000074388 3

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GLOBAL Security Controls, 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:
William T. Ellis
Name of Person ·
GLOBAL Security Controls LLC
Firm/Company
P.O. BOX 2759
Address
Jupiter FL 34658
City/State and Zip Code
wte.usa@Gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William T. Ellis at (304) 550-1000
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$160.00 Filing Fee, 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 Tallahassee, FL 32314 Z661 Executive Center Circle

H1500000743883



March 26, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

INCORP SERVICES INC

SUBJECT: GLOBAL SECURITY CONTROLS, LLC

REF: W15000021067

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6051.

Tammy Hampton Regulatory Specialist III FAX Aud. #: H15000074388 Letter Number: 515A00006018

15 HAR 26 AM 10: 00 Ureau de Sesterota Neormation Services

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AN ICLES OF ORGANIZATION IN	DACTOORIDA LIMITED LIABILITY CO	MPANY
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
GLOBAL Security Controls, LLC	h-17:170 0 10:10 n	(7 X A M)
(white end with the words "Lim	ited Liability Company, "L.L.C.," or '	"LLL.")
ARTICLE II - Address:	alanna nakati karasana n	•
The mailing address and street address of the principa	at office of the Limited Liability Com	pany is:
Principal Office Address:	ailing Address:	
3322 Greenway Drive (Physical Add.)	P.O. Box 2759	
Jupiter FL 33458	Jupiter FL 33468	
ADTICLE III. Desistered Agent Desistered Offi	P. Doristand A. a. Al- Sia A.	
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its of		
another business entity with an active Florida registra	ation.)	
The name and the Florida street address of the registe	red agent are:	
InCorp Services, Inc.		
NE	ume	
17888 67th Court North		
Florida street address (P.O.	Box NOT acceptable)	
<u>Loxahatchee</u>	FL 33470	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity, I further agree to comply with the provision of my duties, and I am familiar with and accept the CI	cept the appointment as registered age ons of all statutes relating to the proper	ent and agree to act in this r and complete performance
Keylum Registered Agent's Si	PLU COC INC COCS gnature (REQUIRED)	vervices.Inc.
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Page I	of2	% 26
		AN 7: 25 SEE, FLORIE
		PAGE 25
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The name and address of each person Title:	Name and Address.
"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	William T. Ellis
	P.O. Box 2759 Jupiter FL 33468
 _	
(I in attackment if we are a	
(Use attachment if necessary)	
e of filing.) LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days after .
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