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Certified Copies	_ Certificate:	s of Status
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TO:	Registration Section Division of Corporations		
SUBJI	ECT: Infante Security Protection LLC Name of Li	mited Liability Company	
	closed Articles of Organization and fee(s) a	_	
Please	return all correspondence concerning this n	natter to the following:	
	Paul M. Infante	Name of Person	
		Name of Legon	
		Firm/Company	
	11272 sw 203 Terr		
	11/272 SW 200 1611	Address	
	Miami Fl 33189		
		City/State and Zip Code	
ni	fantes1@aol.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
Paul f		305) 305-542-7351	
	Name of Person	Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
Z \$125.0	00 Filing Fee \$\times \text{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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2015

PAUL M. INFANTE 11272 SW 203 TERR MIAMI, FL 33189

SUBJECT: INFANTE SECURITY PROTECTION LLC

Ref. Number: W15000020387

We have received your document for INFANTE SECURITY PROTECTION 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 6, 2015. Please amend your document accordingly.

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.

Tim Burch Regulatory Specialist II

Letter Number: 715A00005847

March 30, 2015

Florida Department of State:

Subject: Infante Securtiy Protection LLC

Ref. Number W15000020387

By these means I would like to state that the principals of the corporation Infante Security & Protection Inc. are the same as Infante Security Protection LLC. It is Paul M. Infante (myself). Therefore it is Ok for Infante Security Protection LLC to exist. Any questions, please feel free to contact me at 305-207-8808.

Sincerely,

Paul M. Infante, Mgr

11272 SW 20378AR #A

MIAMI FL 33189

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Infante Security Protection LL		· · · · · · · · · · · · · · · · · · ·		
(Must end v	vith the words "Limi	ted Liability Company, "L.L.C.," or	"LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principa	d office of the Limited Liability Con	npany is:	
Principal Office Address:		Mailing Address:		
11272 SW 203 Terr #A Miami	FI 33189	11272 SW 203 Terr #A Mia	ami Fl 33189	
(The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its or ctive Florida registrand ddress of the registe		ignate an individual or $\sum_{i=1}^{N} S_i = \frac{1}{2}$	Description
Paul M.		me	APR NAME OF THE PROPERTY OF TH	16 1379192411
	114	nic .	.SS .SS .SS .SS	Tar.
	W 203 Terr #A			1 .5 .367
Fiorida s	street address (P.O. I	Box NOT acceptable)		E G (
<u>Miami</u>		FL 33189	L: S STAIT CORI	Same made
	City	Zip	DA AG	
the place designated in this ce capacity. I further agree to com of my duties, and I am familian	rtificate, I hereby acc aply with the provision with and accept the Ch	service of process for the above state cept the appointment as registered agains of all statutes relating to the proper obligations of my position as register apter 605, F.S	gent and agree to act in this er and complete performan	s ice

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	D- 111 1-44-	
MGR	Paul M. Infante	
	11272 SW 203 Ter #A	
	Miami FI 33189	
		
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(Use attachment if necessary)	विं-≺	C
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