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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

APROFINE I. HARRIS

COVER LETTER

Division of Corporations	
SUBJECT: Fire System Services 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:	
Grea Buckner Name of Person	
Firm/Company	
1621 Palm St Address	
Deland, Florida 32720 City/State and Zip Code	
RVVIDIO POR MAIL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Grea Buckner at (407) 722-9319 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
FIRE SYSTEM SERVICES 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:			
1621 Palm St Deland, FL 32720 Deland, FL 32	720		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	an individ	lual or	
The name and the Florida street address of the registered agent are:			
Greg Buckner Name			
•			
1621 Palm St Florida street address (P.O. Box NOT acceptable)			
Deland E 32720			
Deland FL 32720 City Zip			
Having been named as registered agent and to accept service of process for the above stated limithe place designated in this certificate, I hereby accept the appointment as registered agent an capacity. I further agree to comply with the provisions of all statutes relating to the proper and of my duties, and I am familiar with and accept the obligations of my position as registered agency. Chapter 605, F.S. Registered Agent's Signature (REQUIRED)	d agree to complete j	act in i perform	this iance
(CONTINUED)	SECRET	2015 HAR	32.74F.
Page 1 of 2	TARY OF S	R 16 PH 2	Y

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MAR AMBR	Greg Buckner 1621 Palm St Deland, FL 32720
(Use attachment if necessary) E V: Effective date, if other than the date of	of filing: (OPTIONAL)
EV: Effective date, if other than the date cective date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date cective date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E 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 constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.) E 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 constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document rate penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State was provided for in s.817.155, F.S.)

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