

05/14/2015

09:20

Tel: 1-800-617-3888

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L15000085644

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALL FLORIDA FINANCIAL LLC
Account Number : I20150000049
Phone : (239)995-7500
Fax Number : (239)303-4858

FILED
2015 MAY 14 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: mccloma@comcast.net

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**FLORIDA LIMITED LIABILITY CO.
KIMBRANDON SECURITY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

05/14/2015 09:20

TO:18506176383 FROM:8888888888

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May 14, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALL FLORIDA FINANCIAL LLC

SUBJECT: KIMBRANDON SECURITY LLC
REF: W15000033352

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.

List the name of the Registered Agent in Article III.

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.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000113433
Letter Number: 015A00009869

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TALLAHASSEE, FLORIDA

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KIMBRANDON SECURITY LLC

ATX1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KIMBRANDON SECURITY LLC

(Must contain the words "Limited Liability," "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:

KIMBRANDON SECURITY LLC

KIMBRANDON SECURITY LLC

402 SW 46TH TER

402 SW 46TH TER

CAPE CORAL, FL 33914

CAPE CORAL, FL 33914

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ALL FLORIDA FINANCIAL LLC.

Name

12001 S Cleveland Ave Ste 4

Florida street address (P.O. Box **NOT** acceptable)

FORT MYERS

FL 33907

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Martha M. Coloma

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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2015 MAY 14 AM 9:29
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TALLAHASSEE, FLORIDA

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KIMBRANDON SECURITY LLC

ATX1

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

ELIAS SANCHEZ

402 SW 46TH TER

CAPE CORAL FL 33914

MGRM

JEANNETTE COLON

402 SW 46TH TER

CAPE CORAL FL 33914

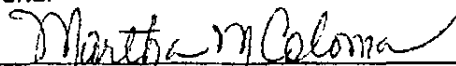
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/8/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MARTHA M COLOMA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA