## L15000098096

(Re	equestor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400273368054

06/08/15--01018--005 \*\*130.00

15 JUN - 8 AK II: 23

RECEIVED.

15 JUN -8 MM II: 33





## **COVER LETTER**

	stration S sion of Co	Section orporations				-
SUBJECT:	THE	COVER	SIXX	SECURITY	ty Company	16
_			Name of	Limited Liabili	ty Company	·
The enclosed	Articles o	f Organizatio	on and fee(	s) are submitted	for filing.	
Please return a	all corresp	ondence cor	ncerning thi	is matter to the f	ollowing:	
	Ri	BERT	<u>C.</u>	PATTE Name of	RSON	
						TY GROUP
		72	5	SPARKLEB	ERPY BLI	/ <u>)</u>
				·		v
	É	C PATT E-mail addi	ELSO N	City/State and 2 D Horma used for future	235 / d Zip Code ALC. Conf annual report notifi	cation)
For further inf	`ormation	concerning t	his matter,	please call:		
Robber	C.	PATTER	LSON :	nt ( <u>850</u>	284-246 Daytime T	ry
Enclosed is a				Alea Code	Daytine i	elephone Number
] \$125,00 Filin <sub>i</sub>	g Fee	☑\$130,00 I Certifica	Filing Fee of Status	Certific	0 Filing Fee & ed Copy al copy is enclosed)	Certificate of Status &
	Regis Divis P.O. I	ng Address tration Section ion of Corpo Box 6327 nassee, FL 32	rations		Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations enter Circle



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 15 JUN -8 MM 11: 35

THE	COVER SIXX	SECURITY	GROUP	LLC	
	(Must end with the words "Li	mited Liability Compa	ny, "L.L.C.," o	r "LLC.")	<del>-,</del> .
ARTICLE II - Addr The mailing address a	ress: and street address of the princ	ipal office of the Limit	ed Liability Co	ompany is:	
Principal Office Add	dress:	Mailing Add	ress:		
725 SPA QuiNey, FL	RKIEBORY BLUD 32351	725 Quine	SPARKIE 4, FL 32	1351	<u>(</u> . <b>N</b> )
(The Limited Liability	istered Agent, Registered O y Company cannot serve as it ity with an active Florida regis	s own Registered Agen			ividual or
The name and the Flo	orida street address of the regi	stered agent are:			
	ZUBBET (	?. PATTERS	<b>N</b>		
		Name		•	
	208689 ( 725 SPA	PKLEBSERY.	BLVD		
	Florida street address (P.0	D. Box NOT acceptabl	e)		
	QUINCY	FL 3:	235/		
	City		Zip		
the place designa capacity. I further	as registered agent and to accuted in this certificate, I hereby agree to comply with the prov I am familiar with and accept	accept the appointmen isions of all statutes rel	t as registered ating to the pro	agent and agre per and compl	ee to act in this lete performance
	Registered Agent's	Signature (REQUIRE	D)	_	

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Page 1 of 2

(CONTINUED)



<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	DOBBLE C. PATTERSON 725 SPARRICEBERRY BLOD QUINCY, EL 32351
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of effective date is listed, the date must be specification.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days at
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days at
CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filing.)  CLE 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	of filing:

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)