

LIS 000117831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

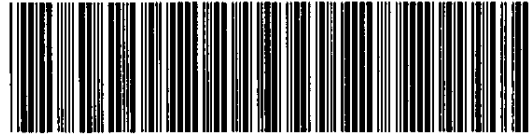
Special Instructions to Filing Officer:

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W/S 000 40615

JUL 15 2015

T. SCOTT



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06/02/15--01019--007 \*\*160.00

15 JUL -9 AM 11:10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2015

ROBERT WILLIAMS  
COMMUNICATIONS PLUS  
7 WOODRUFF AVE, SUITE B 1  
BROOKLYN, NY 11226

SUBJECT: CPSECURED LLC  
Ref. Number: W15000040615

We have received your document for CPSECURED LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6052.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 315A00012217

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CPSECURED 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:

Robert Williams

\_\_\_\_\_  
Name of Person

Communications Plus

\_\_\_\_\_  
Firm/Company

7 Woodruff Ave, Suite B1

\_\_\_\_\_  
Address

BROOKLYN, NY 11226

\_\_\_\_\_  
City/State and Zip Code

rwilliams@cpsecured.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Williams

347

234-6131

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

**\$125.00 Filing Fee**

**\$130.00 Filing Fee &  
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 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:

CPSECURED 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:

2411 SW Brescia St

Port St Lucie, FL 34953

7 Woodruff Ave

Suite B1

Brooklyn, NY 11226

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:

Robert Williams

Name

2411 Brescia St

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

Port St Lucie

FL

34593

City

State

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Robert Williams

7 Woodruff Ave, Suite B1

Brooklyn, NY 11226

AMBR

Andrew McBean Jr

481 E53rd St

Brooklyn, NY 11203

AMBR

Donald Outlaw

7 Woodruff Ave, Suite B1

Brooklyn, NY 11226

AMBR

James Dean Yap

40 Martense St

Brooklyn, NY 11226

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

Robert Williams

Typed or printed name of signer

**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)**

Name:

Tyure Scott

Date:

7/15/15

1 L/SW 117539	24 L/SW 117707	41 L/SW 117742
2 L/SW 117604	25 L/SW 117711	42 L/SW 117743
3 L/SW 117607	26 L/SW 117712	43 L/SW 117751
4 L/SW 117611	27 L/SW 117714	44 L/SW 117754
5 L/SW 117615	28 L/SW 117715	45 L/SW 117757
6 L/SW 117391	29 L/SW 117716	46 L/SW 117758
7 L/SW 117632	30 L/SW 117717	47 L/SW 117760
8 L/SW 117639	31 L/SW 117722	48 L/SW 117728
9 L/SW 117644	32 L/SW 117725	49 L/SW 117731
10 L/SW 117395	33 L/SW 117725	50 L/SW 117733
11 L/SW 117409	34 L/SW 117718	51 L/SW 117781
12 L/SW 1178653	35 L/SW 117728	52 L/SW 117782
13 L/SW 117691	36 L/SW 117729	53 L/SW 117783
14 L/SW 117692	37 L/SW 117730	54 L/SW 117736
15 L/SW 117693	38 L/SW 117731	55 L/SW 117789
16 L/SW 117696	39 L/SW 117734	56 L/SW 117792
17 L/SW 117698	40 L/SW 117736	57 L/SW 117793
18 L/SW 117699	41 L/SW 117739	58 L/SW 117796
19 L/SW 117413	42 L/SW 117741	59 L/SW 117799
20 L/SW 117702	43 L/SW 117744	60 L/SW 117803