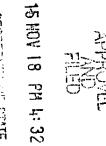
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ · Certificate:	s of Status
Special Instructions to	Filing Officer:	
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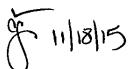
Office Use Only



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COVER LETTER

1.4	TO: I	Registration Section Division of Corporations		
	SUBJEC	A! TOP NOTCH SECURITY, LLC		
	SUBJEC	Name of Limited Liability Company		
	The enclo	sed Articles of Organization and fee(s) are submitted for filing.		
	Please ret	urn all correspondence concerning this matter to the following:		
		ANTONIO M. HALL		
		Name of Person		
		AT TOP NOTCH SECURITY, LLC		
		Firm/Company		
4914 GRASSY LAKE DRIVE				
		Address		
		TALLAHASSEE, FL 32305		
	;	City/State and Zip Code DARKTONY7@YAHOO.COM		
		E-mail address: (to be used for future annual report notification)		
5	For further	information concerning this matter, please call:		
		ANTONIO M. HALL 850 459-6569		
		Name of Person Area Code Daytime Telephone Number		
	Enolosed i	s a check for the following amount:		
V	\$125.00 F	Certificate of Status S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)		
		Mailing Address Street Address		

Mailing Address

1

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

15 NOV 18 PH 4: 32



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A.	R	T	IC.	LE	I - I	Na	me:

The name of the Limited Liability Company is:

15 NOV 18 PM 4: 32

A 1	TOP	NOTCH	SECURITY	LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECREPART OF STATE

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
4914 GRASSY LAKE DRIVE	4914 GRASSY LAKE DRIVE
TALLAHASSEE, FL 32305	TALLAHASSEE, FL 32305
E III - Registered Agent, Registered Office, & Re	egistered 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:

ANTONIO M. HALL		
	Name	
4914 GRASSY LAKE	DRIVE	
Florida street address	(P.O. Box NOT a	cceptable)
TALLAHASSEE,	FL	32305
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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	ANTONIO M. HALL		
	4914 Grassy Lake dv Tallahusse, Flo. 32305		
(Use attachment if necessary)			
(If an effective date is listed, the date must be the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.		
ARTICLE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·		
required signature: Antonie			
This document is exe I am aware that any f	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.		

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

Filing Fees:

Typed or printed name of signee

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

ANTONIO M. HALL

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

SECREPASS OF STATE INLIANASSES OF STATE