

Division of Corporations

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

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

Email Address:

agent@bizfilings.com**FLORIDA LIMITED LIABILITY CO.**
Cloudbase Security LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
Cloudbase Security LLC**

ARTICLE I NAME

The name of the limited liability company is: Cloudbase Security LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 113 S. Newport Ave Apt 3, Tampa, Florida 33606.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature: 

Mark Williams, A.V.P. Business Filings Incorporated

Date: November 13, 2015

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Bryan Graf, 113 S. Newport Ave Apt 3, Tampa, Florida 33606

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ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

Bryan Graf
Bryan Graf, Organizer

Date: 11/15/15

Authorized Representative

(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.)

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