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)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Safeprotect LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

	COVER LETTER
	Registration Section Division of Corporations
SUBJEC	SAFEPROTECT LLC
	Name of Limited Liability Company
The enck	used Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Deborah E. Kaistek, Paralegui
	Name of Person
	Hodgson Russ LLP
	Pirm/Company
	140 Pearl St., Stc. 100
	Address
	Buffalo, NY 14202
	City/State and Zip Code
	hganck@nb.com
	E-mail address: (to be used for future annual report notification)
Por further	information concerning this matter, please call:
	Deborah E. Kalstek 716 848-1371
	Name of Person Area Code Daytime Telephone Number
Enclosed	s a check for the following amount:
\$125.00 F	Siling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Settificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address
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

ARTICLE 1 - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIA BILITY COMPANY

SafeProtect LLC	,	2
(Must end with the words "Limited Lin	ability Company, "L.L.C.," or "LLC,")	
RTICLE II - Address: ie mailing address and street address of the principal offic	e of the Limited Liability Company is:	د رمر سروموم سروموم
Principal Office Address:	Mailing Address:	11.
(30.3) El. 1	622 N. Flagier Dr.	
622 N. Flagler Dr.	West Palm Beach, FL 33401	

(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:

Name

622 N. Flagler Dr.

Florida street address (F.O. Box NOT acceptable)

West Palm Beach FL 33401

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 acomply 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 603, F.S..

Registered Agent's Signature (REQUIRED)

Howard Ganck

(CONTINUED)

Page I of 2

Title:	- Authorized Membe	Name and Address:
"MOR" = 1		:: !,
AMBR an		Judith Ann Ganck
		622 N. Flagter Dr.
		West Palm Beach, FL 33401
AMBR and MGR	d MCR	Howard Ganek
	4 111-0114	622 N. Flagler Dr.
		West Palm Beach, FL 33401
		## /

(Use attach	ment if necessary)	
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E V: Effec	live date, if other than	the date of filing: (OPTIONAL)
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Howard Ganek, Member
Typed or printed name of signee

Filipg Fecs:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)