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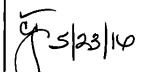
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## COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	JY&G SECURITY, LLC		
SUBJEC		mited Liability Company	
The enclo	sed Articles of Organization and fee(s) as	re submitted for filing.	
Please re	urn all correspondence concerning this m	natter to the following:	
	Roger Jones		
		Name of Person	
	JY&G Security, LLC		
		Firm/Company	
	209 S. Topi Trail		
		Address	
	Hinesville, GA 31313		ं क
	rogerjones609@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further	information concerning this matter, pleas	se call:	
	Roger Jones 9	12 492-5215	F 5
	Name of Person A	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certified	Filing Fee, ate of Status & 1 Copy 1 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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

16 HAY 18 PH 4: 54

JY&G SECURITY, 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:

<u>Prin</u>	cipal Office Address:		Mailing Address:
114 Jeffrey Drive	2	11-	4 Jeffrey Drive
Brandon, FL 335	11	Br	andon, FL 33511
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	any cannot serve as its owr an active Florida registration	n Registered Agent on.)	ent's Signature: t. You must designate an individual or
	Wesley Louis Young	Q	
		Name	
	114 Jeffrey Drive		
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)
	Brandon	FL	33511
	City	State	Zin

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..

(CONTINUED)

Page 1 of 2

AMBR  Louis Steven Goins Jr. 178 Pasture Road Perkinson, MS 39573  E.V. Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.  E.VI: Other provisions, if any.  Signature of a member or an Authorized (Epicesentative of a member. This document is executed in accordance with section 605.0203(4)) (b). Florida Statutes. 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.  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  S 30.00 Certified Copy (Optional)	MGR" = Manager  AMBR  Roger Louis Jones 209 S. Topi Trail  Hinesville, GA 31313  AMBR  Wesley Lewis Young 114 Jeffrey Drive  Brandon, FL 33511  AMBR  Louis Steven Goins Jr. 178 Pasture Road Perkinson, MS 39573  Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  (OPTIONAL)  the date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not sent's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  We's ley L	Title:		Name and Address:	
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