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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAY 0 5 2017 K. Brumbley

Security Patrol Training LLC 104 E. 9 Mile Road Pensacola, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Security Patrol Training LLC:

Gary E. Allen 104 E. 9 Mile Road Pensacola, FL 32534

Gary E. Allen, Organizer Date

COVER LETTER

TO:	Registration Division of C					
SUBJE	CT: Security	/ Patrol Training LLC Name (of Lim	ited Liability Co	mpany	
The en	closed Articles	of Organization and fee	e(s) are	e submitted for fi	iling.	
Please	return all corres	spondence concerning to	his ma	atter to the follow	ving:	
	Gary E. A	Allen		Name of Perso	on	
	Security	Patrol Training LLC	- · · · · · · · · · · · · · · · · · · ·	Firm/Compan	y	
	<u>104 E. 9</u>	Mile Road		Address		·····
	Pensacol	a, FL 32534	Ci	ity/State and Zip	Code	
_Vá	agabond aller	n@yahoo.com E-mail address: (to b	e used	l for future annua	al report notifica	ition)
For fur	ther information	n concerning this matter	r, plea	se call:		
Gary I	E. Allen Nam	ne of Person	at (Area Code	Daytime Tel	lephone Number
	ed is a check fo 00 Filing Fee	r the following amount: \$\Bigsiz\$ \$\sigma\$\$ \$\sigma\$\$ \$\sigma\$\$ Certificate of State	. &	□\$155.00 Fili Certified Co (additional cop	ру	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divi P.O.	ling Address istration Section sion of Corporations Box 6327 ahassee, FL 32314		Regi Divi Clift 2661	et/Courier Add stration Section sion of Corporat on Building Executive Cent thassee, FL 3236	ions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
Security Patrol Training LLC (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "L	LC.")		
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Compa	my is:		
Principal Office Address:	Mailing Address:			
104 E. 9 Mile Road Pensacola, FL 32534	104 E. 9 Mile Road Pensacola, FL 32534			
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrati	n Registered Agent. You must design	ate an individ	ual or	
The name and the Florida street address of the registered	ed agent are:	ALE	17	
Gary E. Allen Nam	ne	TRETAR AHASS	T IL	
104 E. 9 Mile Road Florida street address (P.O. Bo	ox NOT acceptable)	Y CF S		
Pensacola	FL 32534	RE	9- 9-	
City	Zip	St.	MCV.	
Having been named as registered agent and to accept so the place designated in this certificate, I hereby acceptagacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the of Charles Registered Agent's Sign	ept the appointment as registered agen as of all statutes relating to the proper of abligations of my position as registered apter 605, F.S	t and agree to and complete p	act in this performance	
(CONTIN	(UED)			

Page 1 of 2

VI: Other provisions, if any. 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.) Gary E. Allen Typed or printed name of signee Filing Fees:	<u>Citle:</u>	Name and Address:	
Jee attachment if necessary) V: Effective date, if other than the date of filing:		zed Member	
Jse attachment if necessary) V: Effective date, if other than the date of filing:		Gon, E. Allen	
Jee attachment if necessary) V: Effective date, if other than the date of filing:	vian		
Use attachment if necessary) V: Effective date, if other than the date of filing:			
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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.) Gary E. Allen Typed or printed name of signee Filing Fees:			
(In accordance with section 605.0208 (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.) Gary E. Allen Typed or printed name of signee Filing Fees:	tive date is listed, filing.)	the date must be specific and cannot be more than five business day	
Typed or printed name of signee Filing Fees:	ctive date is listed, filing.) CVI: Other provision	ons, if any. ATURE:	ys prior to or 9
Typed or printed name of signee Filing Fees:	tive date is listed, filing.) VI: Other provision REQUIRED SIGN (In accordance constitute I am awar	ATURE: Signature of a member or an authorized representative of a member of an authorized statutes, the execution of an antifirmation under the penalties of perjury that the facts stated here that any false information submitted in a document to the Department.	mber. this document ein are true.
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Degistered Agent	tive date is listed, filing.) VI: Other provision REQUIRED SIGN (In accordance to a management of the constitute of t	ATURE: Signature of a member or an authorized representative of a member dance with section 605.0203 (1) (b), Florida Statutes, the execution of an antiferration under the penalties of perjury that the facts stated here that any false information submitted in a document to the Department at third degree felony as provided for in s.817.155, F.S.) Gary E. Allen	mber. this document ein are true.
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\$ 5.00 Certificate of Status (Optional)	VI: Other provision VI: Other provision EOUIRED SIGN (In accordance constitute I am awar constitutes \$125.00 Filing Fe \$30.00 Certified	ATURE: Signature of a member or an authorized representative of a member of san affirmation under the penalties of perjury that the facts stated here et that any false information submitted in a document to the Department of a third degree felony as provided for in s.817.155, F.S.) Gary E. Allen Typed or printed name of signee Filing Fees: Typed or printed name of Registered Agent Copy (Optional)	mber. this document ein are true. nt of State

Page 2 of 2