

L11000155099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

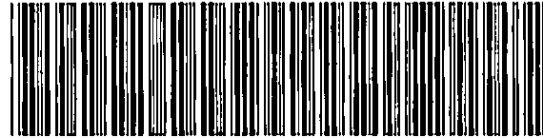
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/05/17--01025--018 **160.00

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17 JUL 19 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

7/18/17

COVER LETTER

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TO: New Filing Section
Division of Corporations

SUBJECT: ICU SECURITY & INVESTIGATION, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roderick Bernard Rolfe
Name of Person

ICU SECURITY & INVESTIGATION, LLC.
Firm/Company

2200 NW 72ND AVE #0353 MIAMI FL 33152
Address

2200 NW 72ND AVE #0353 MIAMI FL 33152
City/State and Zip Code

icuinvestigation@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roderick Bernard Rolfe at (305) 930-9544
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified 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



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2017

RODERICK BERNARD ROLFE
2200 NW 72ND AVE #0353
MIAMI, FL 33152

SUBJECT: ICUSECURITY & INVESTIGATIONS, LLC.
Ref. Number: W17000055759

We have received your document for ICUSECURITY & INVESTIGATIONS, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ARTICLES I, II, AND III must be completed.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 017A00013646

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ICV Security & Investigation, LLC.
(Must contain 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:

Principal Office Address:

950 S. Pine Island Rd
Suite A-150
Plantation FL 33324

Mailing Address:

950 S. Pine Island Rd
Suite A-150
Plantation FL 33324

ARTICLE III - Registered Agent, Registered Office, & Registered 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:

Roderick Rolle
Name
950 S. Pine Island Rd Suite A-150
Florida street address (P.O. Box **NOT** acceptable)
Plantation FL 33324
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.

Roderick Rolle
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

~~Member~~ Roderick Bernard Rolfe

Name and Address:

2200 NW 72nd Ave #0353
Miami FL 33152
Roderick Bernard Rolfe

Member Steven Rolfe

2200 NW 72nd Ave #0353
Miami FL 33152
Steven Rolfe

member Roderick Bernard Rolfe

220 NW 72nd Ave #0353
Miami FL 33152

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Roderick B.

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.

Roderick B. Rolfe

Typed or printed name of signee

Filing Fees:

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

17 JUL 19 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA