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## **COVER LETTER**

	New Filing Section Division of Corporations		·		
SUBJEC	US GATE SYSTEMS LLC				
30131110		Limited Liabil	ity Company		
The enclo	sed Articles of Organization and fee(s	) are submitted	l for filing.		
Please reti	urn all correspondence concerning this	s matter to the	following:		
	DAVID MATTICE LSR				
		Name of	Person		
	US GATE SYSTEMS LLC				
		Firm/Co	опрапу		
	107 BURGOS RD				
		Addr	ress	1	107
	WINTER SPRINGS, FL. 32708			الله . الله . الله .	NO.
	DAVE@AFRIENDINFENCE.COM	City/State an	d Zip Code		77
			annual report notification)	<del></del>	
For further	information concerning this matter, pl	ease call:			بر س
	DAVID MATTICE LSR	407	529-6154		
	Name of Person		Daytime Telephone Nun	nber	
Enclosed i	s a check for the following amount:				
\$125.00 F	Siling Fee \$130.00 Filing Fee & Certificate of Status	LCertifi	ed Copy C al copy is enclosed) C	160.00 Filing Fee, certificate of Status & certified Copy litional copy is enclosed	d)
	Mailing Address New Filing Section		Street Address		
	Division of Corporations		New Filing Section Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circ	ile	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili	ty Company is:			
US GATE SYSTEM	IS LLC			
(Must con	tain the words "Limited Lia	bility Comp	oany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal offic	ec of the Li	nited Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Add	ress:
107 BURGOS RD.			107 BURGOS RD.	
WINTER SPRING I	FL. 3270 <b>7</b>	<del>_</del>	WINTER SPRING FL. 3270	8
	DAVID MATTICE LSF N 107 BURGOS RD	lame		
	Florida street address (F	O. Box N	OT acceptable)	
	WINTER SPRINGS	FL.	32708	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the oil	r, I hereby accept the appoint rovisions of all statutes relate bligations of my position as r	tment as reging to the progistered a	istered agent and agree to act roper and complete performan	in this capacity. I ce of my duties, and I
		O 4 \ \ \ 100 =		

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	DAVID MATTICE LSR	_
	107 BURGOS RD WINTER SPRINGS FL. 32708	_
	WINTER SPRINGS FL. 32708	- ~a
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(Use attachment if necessary)		_
CLE V: Effective date, if other than the date effective date is listed, the date must be spot te of filing.)  If the date inserted in this block does not	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or somet the applicable statutory filing requirements, this date will not State's records.	•
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)	ecific and cannot be more than five business days prior to or some neet the applicable statutory filing requirements, this date will n	•
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not no cument's effective date on the Department of	ecific and cannot be more than five business days prior to or some neet the applicable statutory filing requirements, this date will n	•
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not not cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or some neet the applicable statutory filing requirements, this date will n	•

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)