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COVER LETTER

	Division of Corporations			
SUBJEC	Asset Protection Services of American	ca LLC		
SUBJEC	Name of L	imited Liabili	ty Company	
	osed Articles of Organization and fee(s)			
Please re	turn all correspondence concerning this	matter to the f	ollowing:	
	Jay Butler			
		Name of	Person	
	Asset Protection Services of Americ	a LLC		
		Firm/Co	mpany	
	1505 SE 40th Street, Suite #F (2nd F	-loor) 		
		Addr	ress	
	Cape Coral, Florida 33904-7913			
	Admin@AssetProtectionServices.cor	City/State an	nd Zip Code	
	E-mail address: (to be us		annual report notification	on)
For further	er information concerning this matter, plo	ease call:		
	Jay Butler	239	309-8214	
	Name of Person	Area Code	Daytime Telephone	Number
Enclose	d is a check for the following amount:			
	O Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	LCertif	00 Filing Fee & fied Copy nal 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 Corporatio Clifton Building 2661 Executive Cente Tallahassee FL 3230	r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	bility Company is:		
Asset Protection	Services of America LLC		
(Must e	end with the words "Limited	I Liability Company.	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	et address of the principal c	office of the Limited L	iability Company is:
<u>Prin</u>	eipal Office Address:		Mailing Address:
1505 SE 40th Str Suite #F (2nd Flo			SE 40th Street FF (2nd Floor)
Cape Coral, Flori		Cape (Coral, Florida 33904-7913
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	i Registered Agent. Yo on.)	's Signature: ou must designate an individual or
	Jay Butler		
		Name	. <u>—</u>
	1505 SE 40th Street	, Suite #F (2nd Floor)	
	Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
	Cape Coral	Florida	33904-7913
	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...

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

B MAR -9 PM 3: 05



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Asset Protection Services of America
MGR	701 South Carson Street, Suite #200
	Carson City, NV 89701-5239
	Carson Orivital Uses
effective date is listed, the date must	e date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block doe	s not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must	s not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block doe cument's effective date on the Depar CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	S not meet the applicable statutory filing requirements, this date will not be timent of State's records. Add Butturent of a member.
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