

L18000177065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

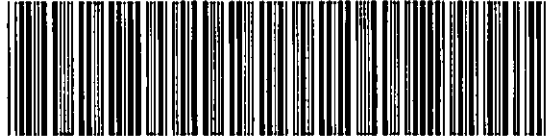
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/23/18--01044--008 **125.00

18 JUL 23 PM 2:44
SECRETARY OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PHENOMENAL PROTECTIVE SECURITY SERVICES 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:

DOROTHIE SAMUEL CHERY

Name of Person

PHENOMENAL PROTECTIVE SECURITY SERVICES LLC

Firm/Company

12039 SW 132ND COURT #34-5

Address

MIAMI, FLORIDA 33186

City/State and Zip Code

PHENOMENALPROTECTIVESEC.SRVCS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOROTHIE

786

494-7246

CHERY

at

863

484-2340

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

TO: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION
NEW FILING SECTION

FROM: PHENOMENAL PROTECTIVE SECURITY
SERVICES

DEAR WHOMEVER IT MAY CONCERN,

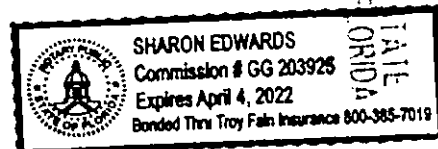
I DOROTHIE S. CHERY HAVE NO INTENTION TO USE
THE NAME "PHENOMENAL PROTECTIVE SECURITY SERVICES INC
UNDER DOCUMENT NUMBER "P160000063164".

I RELEASE THE NAME **FOR** MY NEW FILE DOCUMENT
NEW PRINCIPLE ADDRESS: 12039 SW 132ND COURT #34-5
MIAMI, FL 33186

IF YOU HAVE ANY QUESTION. PLEASE CONTACT ME ON MY
CELLPHONE (863) 484-2340 OR EMAIL dchery24@gmail.com

THANK YOU,

DOROTHIE SAMUEL CHERY
Dorothie S. Chery



18 JUL 23 PM 2:45
SECRETARY OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

SHARON EDWARDS
[Signature]

ID PRODUCED - DL C660 - AA-90-567.0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PHENOMENAL PROTECTIVE SECURITY SERVICES 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:

12039 SW 132ND Ct #34-5
MIAMI, FL 33186

Mailing Address:

12039 SW 132ND Ct #34-5
MIAMI, FL 33186

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:

DOROTHIE SAMUEL CHERY
Name

12039 SW 132ND Ct #34-5

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33186
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..

Dorothie S. Chery
Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 JUL 23 PM 2:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

PRESIDENT / MGR

AMBR

AMBR

Name and Address:

DOROTHIE SAMUEL CHERY
12039 SW 132ND CT #34-5
MIAMI, FL 33186

CASSANDRA SAMUEL CHERY
12039 SW 132ND CT #34-5
MIAMI, FL 33186

LEONNE GILOT
12039 SW 132ND CT #34-5
MIAMI, FL 33186

(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:

Dorothie S. Chery

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.

DOROTHIE SAMUEL CHERY
Typed or printed name of signer

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)

SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUL 23 PM 2:45
TALLAHASSEE, FLORIDA