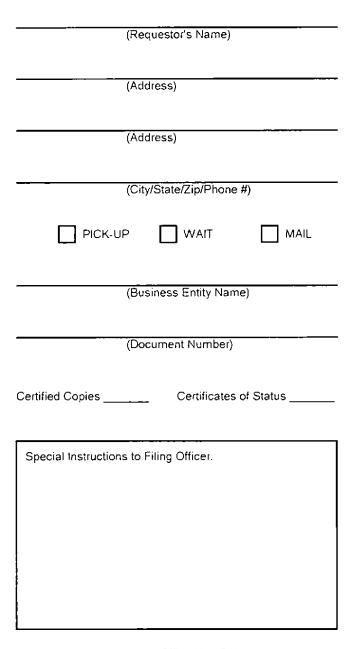
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«. COVER LETTER &

TO: New Filing Section Division of Corpora	tions			LLC	C XI _
SUBJECT: Prote	ct Mul	New Hom	ne.		
30bJEC1	Name of L	imited Liability Comp	sany		
The enclosed Articles of Orga	nization and fee(s)	ere submitted for filin	g.		
Please return all corresponden					
	C P: 0 :		. A		
	Chrc	Name of Person	<u>145</u>		
2 1	[N.		7	-LC	- CAZ
Pwt.	ect My	New He	me F	Divinion y	ਭ
· 		ما	i	.l 0 	
		orrug St.	reet	4 11-350	
Talla	hassee	Address			
	TCH	TU	323	03	
_		City/State and Zip Co		(0)0	~~
E-mai	Faddress: (to be use	ed for future annual re		n)	
For further information concern	CARL @	PROTECT		WHOMEIC	om
daa. =		850,2	70 - 60	cio	
Name of I			ime Telephone		
Enclosed is a check for the fol	lowing amount:				
	80,00 Filing Fee & rtificate of Status	S155,00 Filing Certified Copy (additional copy i		\$160,00 Filing Fee. Certificate of Status Certified Copy (additional copy is enc	&
Mailing Ad	dress	Street /	Address		
New Filing S	Section	New Fil	ing Section		
Division of P.O. Box 63	Corporations		n of Corporatio Building	ns	
Tallahassee			recutive Center	Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	4			
PROTECT MY (Must contain the words			or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Li	mited Liability C	ompany is:	
Principal Office Add	<u>fress</u> :	į	Mailing Address:	
2323 Hansen 		UNIT	11-350 FL 32303	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered Ap).
The name and the Florida street address of the	registered agent are:			
	ARU THO	MAS.		
1701	DN. MONROE	ST.	# 11-350	
	eet address (P.O. Box 🗴		_	
	ILH FL	32	303	
(City Tallahas	25 Z	ip	
Having been named as registered agent and to a place designated in this certificate, I hereby acce further agree to comply with the provisions of all am familiar with and accept the obligations of m	ecept service of process to the appointment as regl statutes relating to the p	for the above stat gistered agent an proper and compl	ed limited liability comp d agree to act in this ca ete performance of my c	pacity. 1 luties, and 1
	<u> </u>	5		
	Registered Agent's S	Signature (REQU	IIRED)	

(CONTINUED)

TILED

MONITOR OF SAME

ARTICLE IV-

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

MGR" = Manager	
MGR	Z A 2
	2323 HANSEN CT
	TLH FL 3230
	Tallabasse
lea attachment if nacceeary	
Jse attachment if necessary)	
Jse attachment if necessary) V: Effective date, if other than the	date of filing:
V: Effective date, if other than the tive date is listed, the date must	date of filing:
V: Effective date, if other than the tive date is listed, the date must filing.)	date of filing:
V: Effective date, if other than the tive date is listed, the date must filing.) ne date inserted in this block does	not meet the applicable statutory filing requirements, this date will not
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V: Effective date, if other than the five date is listed, the date must filing.) e date inserted in this block does ent's effective date on the Departs VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of This document is e	a member or an authorized representative of a member. xecuted in accordance with section 605,0203 (1) (b), Florida Statutes.
V: Effective date, if other than the five date is listed, the date must filing.) e date inserted in this block does ent's effective date on the Departs VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of This document is eliam aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records.
V: Effective date, if other than the tive date is listed, the date must filing.) the date inserted in this block does ent's effective date on the Departs VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of This document is eliam aware that any	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State.

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

\$ 5.00 Certificate of Status (Optional)