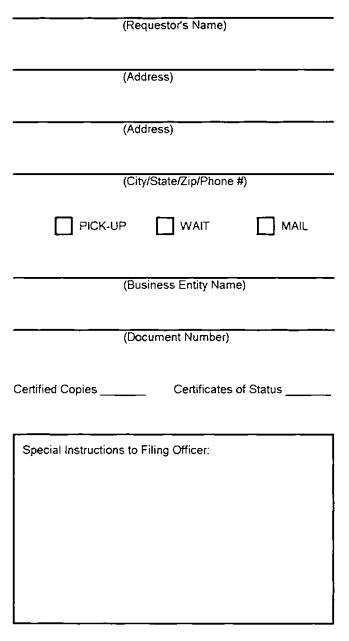
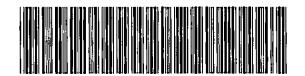
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Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2018

JUDSON ROBERTSON 5 COUNTY REAL ESTATE 4315 SW 72ND TER. DAVIE, FL 33314 US

SUBJECT: SECURE HOLDINGS, LLC

Ref. Number: W18000088164

We have received your document for SECURE HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 718A00020659

FN 4: 15

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT:	: Secure Home Intest	ments uc. d Liability Company
The enclose	ed Articles of Organization and fee(s) are su	bmitted for filing.
Please retur	rn all correspondence concerning this matte	to the following:
	Judson R	obelts on
	1	Name of Person
	5 00	Firm/Company
		Firm/Company
	4315 \$SW	72"d Ter.
	Davie FL City	33314
	City	State and Zip Code
-	E-mail address: (to be used for	future annual report notification)
For further in	nformation concerning this matter, please ca	II:
	Judson Robeltson al 6	78,628 7211
-		Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee FL 32314	2661 Evecutive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is: Secure Home In	vestment	·5, L, L, C .
(Must end with the words "Limited Liability Company is.	1-1-6	_ J
(Must end with the words "Limited Liability C	Company, "L.L.C.," or "I	LC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Comp	any is:
Principal Office Address:	<u>Mail</u>	ing Address:
4315 Su Mand Ter. Davie, FL 33314	4315 Sw	72nd rec.
Davie, FL 33314	Davie	FL 33319
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	i Agent. You must design	nate an individual or
Name	Kopenson	
T. Judson Name 4315 Sw	722 Ter.	
Florida street address (P.O. Bo		
Davie FL City State	333)	<u>. 4 </u>
City State	e Zip	
Having been named as registered agent and to accept service of proceed accept service of proceed accept the appointment as in the accept the appointment as in the accept the appointment accept the accept the obligations of all statutes relating to the samiliar with and accept the obligations of my position as registered accept the accept t	s registered agent and agi se proper and complete p	ree to act in this capacity. I erformance of my duties, and l n Chapter 605, F.S
(CONTI	NUED)	. •
Раде	±1 of 2	16 0CT 26 1
		P: 1

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

Title: "AMBR" = Authorized Me	ember	Name and Address:	
"MGR" = Manager の ら 尺		Judson Robertson 4315 Sw 172 Ter Davie, FL 3331	
(Use attachment if necessa	ry)		
of filing.) the date inserted in this blo	ock does not meet the a	applicable statutory filing requirements, this	
of filing.) the date inserted in this ble nent's effective date on the	ock does not meet the a e Department of State's	applicable statutory filing requirements, this	
of filing.) the date inserted in this ble nent's effective date on the	ock does not meet the a e Department of State's	applicable statutory filing requirements, this	
of filing.) the date inscrted in this ble ment's effective date on the E VI: Other provisions, if a	ock does not meet the a e Department of State's ny.	applicable statutory filing requirements, this	
of filing.) the date inscreed in this ble nent's effective date on the E VI: Other provisions, if a REOURED SIGNATUR Sign This document am aware	ature of a prember or ment is executed in acceptation and false informations.	applicable statutory filing requirements, this	er.
of filing.) the date inscreed in this ble nent's effective date on the E VI: Other provisions, if a REOURED SIGNATUR Sign This document am aware	ature of a prember or ment is executed in acceptation at third degree felony a	an authorized representative of a member ordance with section 605.0203 (1) (b), Flortion submitted in a document to the Departr	er.
of filing.) The date inscreed in this bloment's effective date on the E VI: Other provisions, if a REOURED SIGNATUR Sign This document am aware	ature of a pember or ment is executed in acceptate that any false information a third degree felony a	an authorized representative of a member ordance with section 605.0203 (1) (b), Flortion submitted in a document to the Department of the	er. ida Statutes. nent of State
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of filing.) The date inserted in this bloment's effective date on the E VI: Other provisions, if a REOURED SIGNATUR Sign This document am award constitutes \$125.00 Filing Fee for A	ature of a member or ment is executed in acceptate that any false information at third degree felony a Typed articles of Organization (Optional)	an authorized representative of a member and authorized in a document to the Departrist provided for in s.817.155, F.S. Robertson or printed name of signee Filing Fees:	er. ida Statutes. nent of State
REOURED SIGNATUR Sign This docur I am award constitutes \$125.00 Filing Fee for A \$ 30.00 Certified Copy	ature of a prember or ment is executed in acceptata any false information at third degree felony a serticles of Organization (Optional) tatus (Optional)	an authorized representative of a member and authorized in a document to the Departrist provided for in s.817.155, F.S. Robertson or printed name of signee Filing Fees:	er. ida Statutes. nent of State