

L19000184456

**Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (305)675-2811

2019 JUL 30 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FL

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
SAVIOR SECURITY SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2019 JUL 30 PM 4:25

H-19000228159.3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 30 AM 11:37

ARTICLE I NAME

The name of the Limited Liability Company is:

SAVIOR SECURITY SERVICES LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

1405 BLUE CLOVER LANE

GREENACRES, FLORIDA 33415

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

WILLIMSON ROBINSON

1405 BLUE CLOVER LANE

GREENACRES, FLORIDA 33415

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.

X /s/ willimson robinson

WILLIMSON ROBINSON / Registered Agent's signature

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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
WILLIMSON ROBINSON
1405 BLUE CLOVER LANE
GREENACRES, FLORIDA 33415

SECRETARY OF STATE
TALLAHASSEE, FL

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FILED

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X /s/ willimson robinson
WILLIMSON ROBINSON / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)