L19000209052

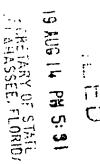
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200332841322

08/14/19--01021--019 **125.00



COVER LETTER

то:	New Filing Section Division of Corporations				
SUBJEC	DPP Security Solutions, LLC				
50000	Name of Limited Liability Company				
The encl	losed Articles of Organization and fee(s) are submitted for filing.				
Please re	cturn all correspondence concerning this matter to the following:				
	Sharon McGee Hale, EA				
	Name of Person				
	Hale, McGee & Associates				
	Firm/Company				
	883 W. Granada Blvd				
	Address				
	Ormond Beach, FL 32174				
	City/State and Zip Code deanpenn1@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For furthe	er information concerning this matter, please call:				
	Sharon McGee Hale, EA 386 672-6742				
	Name of Person Area Code Daytime Telephone Number				
Enclosed	d is a check for the following amount:				
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	ability Company is:		
DPP Security So			
(Must	contain the words "Limited Liabi	ility Company, `	'L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal office	of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
2686 John Ander Ormond Beach,			John Anderson Dr and Beach, FL 3217 6
(The Limited Liability Comp	Agent, Registered Office, & Repany cannot serve as its own Reg	egistered Agen	t's Signature:
anomer ousmess entity with	an active Florida registration.)	istered Agent. 1	Ou must designate an individual or
•			'ou must designate an individua! or
•	an active Florida registration.)		'ou must designate an individua! or
•	an active Florida registration.) reet address of the registered age	nt are:	ou must designate an individua! or
•	an active Florida registration.) reet address of the registered ages Sharon McGee Hale	nt are:	ou must designate an individua! or
•	an active Florida registration.) reet address of the registered agen Sharon McGee Hale Na	nt are:	
•	an active Florida registration.) reet address of the registered age Sharon McGee Hale Na 883 W. Granada Blvd	nt are: me O. Box <u>NOT</u> ac	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 AUG 14 PH 5: 91

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Dean Pennington 2686 John Anderson Dr Ormond Beach, FL 32176
(If an effective date is listed, the date must be specif the date of filing.)	filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	2 Pentin
This document is executed I am aware that any false in	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
Dean Pennington	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)