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

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TO:

New Filing Section

Division of Corporations
SUBJECT: DUN Security and Investigations Name of Limited Liability Company
The enclosed Articles of Organization and feets) are submitted for filing.
Please return all correspondence concerning this matter to the following:
1995 outhern Pines Loop
Address
clermont Florida 34711
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew Nicholar (646) 339-0317
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$130.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)
5

Mailing Address
Nove Filing Section

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must cor	ntain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE H - Address: The mailing address and street	address of the principal office of the Limited Liability Company is:	
1420 ( 1420 ( 1430)	ipat Office Address:  HEBRATION BIVE 2999 SOUTHCHIPPINGS  IEDICTION IEL, LOOP CICIPION IEL.	
ARTICLE III - Registered A	agent, Registered Office, & Registered Agent's Signature: any cannot serve as its own Registered Agent. You must designate an individual or	
another business entity with a	n active Florida registration.)	。 第2

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 jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Andrew Wicholson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	The name and address of each person authori	person authorized to manage and control the Limited Liability Company.	
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
	,		
791	Antewnicholson	2999 Southern PinesLoop CTETMON+FL34711	
		22 22 22 22 22 22 22 22 22 22 22 22 22	
	(Use attachment if necessary)		
ARTI	CLE V: Effective date, if other than the date of fi	iling: (OPTIONAL)	
(If an the da	effective date is listed, the date must be specifiate of filing.)	e and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed	
	cument's effective date on the Department of S		
ARTI	CLE VI: Other provisions, if any.		
	<u> </u>		

REQUIRED SIGNATURE:

ARTICLE IV-

## Andrew Nicholson

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.

Mrecv Nicholson

Typed or printed name of signee

## 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)