

L21000099156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

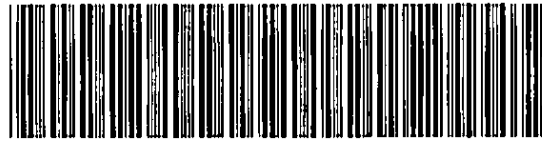
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400360476904

03/02/21--01003--011 \*\*125.00

FILED  
2021 MAR -1 AM 10:05  
TALLAHASSEE, FL

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Ronnie911ProtectionDetail LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronnie Hufnagel

Name of Person

Ronnie911ProtectionDetail LLC

Firm/Company

2373 NW 159th Lane

Address

Pembroke Pines,, FL 33028

City/State and Zip Code

Ronnieh911@gmail.com

E-mail address: (to be used for future annual report notification)

2021 MAR - 1 AM 10:06

TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

Ronnie Hufnagel at ( 954 ) 636-0004  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ronnie911ProtectionDetail LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2373 NW 159th Lane  
Pembroke Pines., FL 33028

2373 NW 159th Lane  
Pembroke Pines., FL 33028

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ronnie Hufnagel

Name

2373 NW 159th Lane

Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines.

FL

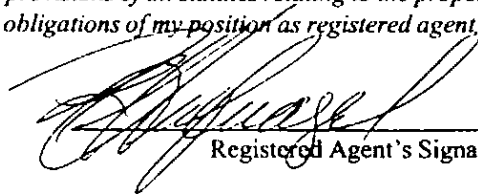
33028

City

State

Zip

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)

FILED

2021 MAR - 1 AM 10:05

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Ronnie Hufnagel  
2373 NW 159th Lane  
Pembroke Pines.. FL 33028

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**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.

Ronnie Hufnagel

Typed or printed name of signer

**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)

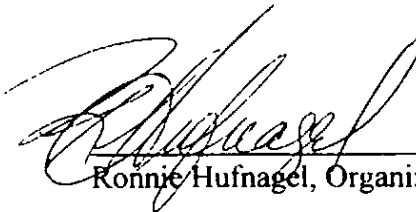
2021 MAR - 1 AM 10:06  
FILED  
TALLAHASSEE FL

Ronnie911ProtectionDetail LLC  
2373 NW 159th Lane  
Pembroke Pines,, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of  
Ronnie911ProtectionDetail LLC:

Ronnie Hufnagel  
2373 NW 159th Lane  
Pembroke Pines,, FL 33028

  
\_\_\_\_\_  
Ronnie Hufnagel, Organizer

9/23/2021  
Date

FILED  
FALLMASSCH, FL

2021 MAR -1 AM 10:06

FILED