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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: TJSCOTTEOD@GMAIL.COM

# FLORIDA LIMITED LIABILITY CO. LEFT OF BOOM SECURITY SOLUTIONS LLC

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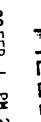
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S. CHATHAM

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# H22006046687

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 22 FEB -4 PM 2: 53

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERRITARY OF FIATE PALES AGGEE. PLENIS.

#### LEFT OF BOOM SECURITY SOLUTIONS LLC

(Must end with 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:

3405 BLOOMINGDALE OAKS DR 3405 BLOOMINGDALE OAKS DR VALRICO, FL 33596 VALRICO, FL 33596

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:

TIMOTHY J. SCOTT

Nam

3405 BLOOMINGDALE OAKS DR

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

VALRICO FL 33596

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)

TIMOTHY J. SCOTT

(CONTINUED)

Page 1 of 2

### H22000046687

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	TIMOTHY J. SCOTT
	3405 BLOOMINGDALE OAKS DR
	VALRICO, FL 33596
	<del></del>
<del></del>	
	ote of filing: (OPTIONAL)
ective date is listed, the date must be sof filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the filing of	specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the filing of	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this documen a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State

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