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COVER LETTER

	New Filing Se Division of Co					
SUBJEC		Y FILMS INVE	STMENTS	USA LLC	;	
SOBJEC	··	N:	ame of Limit	ed Liabili	ty Company	<u> </u>
The enclo	sed Articles o	f Organization an	d fee(s) are s	submitted	for filing.	
Please ret	urn all corresp	ondence concern	ing this matte	er to the fe	ollowing:	
	MARTHA A	AREVALO				
	_	_		Name of	Person	
	SECURITY	FILMS INVES	TMENTS U	SA LLC		
				Firm/Cor	npany	
	4775 TRIB	UTE TRAIL				
				Addre	SS	
	KISSIMME	E, FL 34746				
	info@ichsolu	utionsinc.net	City	/State and	Zip Code	
			o be used fo	r future ar	mual report notificati	ion)
For further		oncerning this mat			•	,
	MARTHA A	REVALO	866 at (,,	296-1833	
	Nan	ne of Person	Area	Code	Daytime Telephon	e Number
Enclosed i	s a check for t	he following amo	unt:			
) Filing Fee	□\$130.00 Fili Certificate of	ng Fee & Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address Filing Section on of Corporation fox 6327 assee, FL 32314	18	7 1 2	Itreet Address New Filing Section Di The Centre of Tallaha 415 N. Monroe Stree Tallahassee, FL 3230	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
SECURITY FILMS INVESTMENTS USA LL	.C
(Must contain the words "Limited Lia	
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4775 TRIBUTE TRAIL KISSIMMEE, FL 34746	4775 TRIBUTE TRAIL KISSIMMEE, FL 34746
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
JC Business Solutions	Inc
N	ame
7500 NW 25th ST Suit	e 237
Florida street address (P	O. Box NOT acceptable)
Doral, Florida 33122	
City	State Zip
Having been named as registered agent and to accept service of place designated in this certificate. I hereby accept the appoint further agree to comply with the provisions of all statutes relate am familiar with and accept the obligations of my position as references. Registered	ment as registered agent and agree to act in this capacity. I ing to the proper and complete performance of my duties, and I
(0	CONTINUED)

PILED

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FRANCHISING
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGRM	MARTHA AREVALO 3111 PARADOX CIRCLE, 303 KISSIMMEE, F 34
(Use attachment if necessary)	
etive date is fisted, the date must be sp f filing.) the date inserted in this block does not i	c of filing:
ient's effective date on the Department	

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. This document is executed in accordance with section 003.0203 (1) (0), 1 formal 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.

Typed or printed name of signee