

L 22000494695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

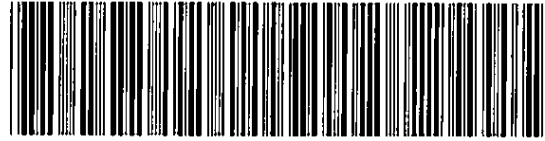
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
NOV 28 2022

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DIVISION OF CORPORATIONS
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2022 NOV 22 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: GUARD, 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:

Sandra Z. Green, Esq.
Name of Person
JONATHAN H. GREEN & ASSOCIATES, P.A.
Firm/Company
901 Ponce de Leon Boulevard, Suite 601
Address
Coral Gables, Florida 33134
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Z. Green 305 372-5100
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

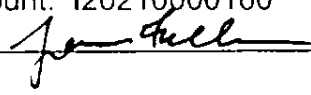
- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$ 125.00

Authorization Signature: 
Guard, LLC
Business Document #

Walk in
 Pick up time _____

Mail out Will wait

Photocopy

Certified Copy of Articles of Organization

Certificate of Status

NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 LLLP
 CORP

AMMENDMENTS

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/
 Merger
 Conversion
 AFFIDAVID BY FOREIGN CORP.

OTHER FILINGS

Annual Report
 Fictitious Name

 APOSTIL
 Country

REGISTRATION/QUALIFICATIONS

Foreign filing
 Statement of AUTHORITY
 Reinstatement
 Other

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GUARD, 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:

282 NE 191 STREET, SUITE 31904
MIAMI, FL 33179-3899

282 NE 191 STREET, SUITE 31904
MIAMI, FL 33179-3899

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DIVISION OF CORPORATIONS

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:

JONATHAN H. GREEN & ASSOCIATES, P.A.

Name


901 Ponce de Leon Boulevard, Suite 601

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

Coral Gables Florida 33134

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)

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 _____

AEGIS HOLDINGS, LLC
228 PARK AVENUE S., SUITE 31094
NEW YORK, NY 10003-1502

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(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.

SANDRA Z. GREEN, ESQ.

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)