

L22000532665

(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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11/28/22--01024--020 **50.00

11/28/22--01024--021 **42.00

12/22/22--01018--001 **99.00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2022

PATRICK MITCHELL JOHNSON
3002 S.W. 15TH AVE
FORT LAUDERDALE, FL 33315

SUBJECT: DETECT PREVENT INTERVENE GROUP LLC
Ref. Number: W22000151779

We have received your document for and your check(s) totaling \$92.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

We are enclosing the proper form(s) with instructions for your convenience.

THE AMMOUNT SUBMITTED WILL NOT COVER THE FILING FEE PLEASE ALSO INCLUDE A CHECK FOR THE REMAINING AMMOUNT OF \$33.00 TO TOTAL TO THE REQUIRED \$125.,

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 522A00027370

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STATE
CLERK

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Detect Prevent Intervene Group PLLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick Mitchell Johnson
Name of Person

Detect Prevent Intervene Group PLLC
Firm/Company

3002 S.W. 15th Ave
Address

Fort Lauderdale, Florida 33315
City/State and Zip Code

pmjestate9@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Mitchell Johnson at 954, 815-0331
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Detect Prevent Intervene Group PLLC

(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:

3002 S.W. 15th AVE
Fort Lauderdale, Florida 33315

Mailing Address:

3002 S.W. 15th AVE
Fort Lauderdale, Florida 33315

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

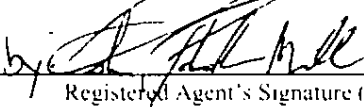
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Patrick Mitchell Johnson
Name

3002 S.W. 15th AVE
Florida street address (P.O. Box ~~NOT~~ acceptable)
Fort Lauderdale FL 33315
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

President

Name and Address:

Patrick Mitchell Johnson
3002 S.W. 15th AVE
Fort Lauderdale FL 33315

Vice President

Donald Bruce Parks III
5748 Dedmon Court
Ave Miami FL 33142

(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

See Attached

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.

Patrick Mitchell Johnson

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)

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Detect Prevent Intervene Group PLLC

Article VI other provision, if any

Purpose of Business :
Professional Security Company

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