

L23000049964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

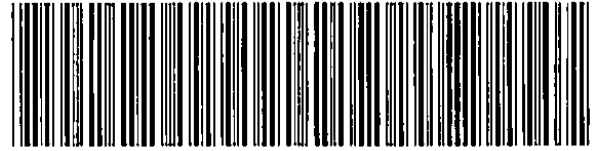
(Business Entity Name)

(Document Number)

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02/03/23--01001--001 **150

02/03/23--01001--002 **25.1

SECRETARY OF STATE

2023 FEB - 2 PM 2:06



SECRETARY OF STATE
TALLAHASSEE, FL 32399

23 FEB - 2 PM 7:11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: METRO PRIVATE SECURITY 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:

MICHAEL PLEAS
Name of Person

METRO PRIVATE SECURITY LLC
Firm/Company

1135 Kissimmee Street
Address

TALLAHASSEE, FL 32310
City/State and Zip Code

Mpleas7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL PLEAS at (850) 544-7748
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

23 FEB - 2 PM 7:11
SECRETARY OF STATE
TALLAHASSEE, FL 32303

ARTICLE I - Name:

Name of the Limited Liability Company is:

Metro Private Security LLC

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

ARTICLE II - Address:

Principal office address and street address of the Limited Liability Company is:

Principal Office Address:

1135 Kissimmee Street
Tallahassee, FL 32310

Mailing Address:

Same

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 other business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

Name MURKIN DESIGN DENOVUS

Florida street address (P.O. Box NOT acceptable) 1135 Kissimmee Street

City Tallahassee State FL Zip 3230

The above named registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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, Florida Statutes.

Registered Agent's Signature (REQUIRED)

Murkin Design Denovus

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Title: "AMBR" = Authorized Member "MGR" = Manager

MGR	Michael Plets	1135 1655. meter street Tall, FL 32310
MGR	Yurka Desia Demous	1135 1655. meter street Tall, FL 32310

Name and Address:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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 shall not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any: _____

REQUIRED SIGNATURE:

Yurka Desia Demous

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.817.153, F.S.

Typed or printed name of signer

Yurka Desia Demous

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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TALLAHASSEE, FLORIDA