# L23000352393

	(Requestor's Name)
	(Address)
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	V
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	•
	(Document Number)
Cartified Canina	Cadification of Status
Certified Copies	Certificates of Status
	51 0#5
Special Instructions to	Filing Officer.
<u> </u>	

Office Use Only



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# COVER LETTER

	iew Filing Sec Division of Co				
SUBJEC"	r.	JRAND LLC			
SUBJEC		Name of	Limited Liabi	lity Company	
The enclo	sed Articles of	Organization and fee(s	s) are submitte	d for filing.	
Please reti	urn all correspo	ondence concerning thi	s matter to the	following:	
	ADRIAN M	IDDLETON, ESQ			
			Name o	f Person	
	SWORD &	SHIELD LLC			
	<del></del>	-	Firm/C	ompany	
	1437 MARK	KET ST			
			Add	ress	
	TALLAHAS	SSEE FL 32312			
	BIZ@SWOR	DANDSHIELD.COM	•	nd Zip Code	
		E-mail address: (to be	used for future	annual report notificat	ion)
For further	information co	ncerning this matter, p	lease call:		
	ADRIAN M	IDDLETON, ESQ	850 t (	815 0256 )	
	Nam	ne of Person		Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:			
<b>≣\$</b> 125.0	0 Filing Fee	□\$130,00 Filing Fe Certificate of Status	e Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address		Street Address	
		iling Section		New Filing Section D The Centre of Tallah	
		on of Corporations  Box 6327		2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	•

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>KEVIN DUR</u> (Mı	Ist contain the words "Limited Lia	bility Company, "	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and	street address of the principal offic	e of the Limited I	Liability Company is:
<u>1</u>	rincipal Office Address:		Mailing Address:
	BRANCH CT.	<u>&lt;- SA</u>	АМЕ
1.ITZ F1.33	558		
(The Limited Liability Co another business entity v	ed Agent, Registered Office, &	egistered Agent. Y	t's Signature: You must designate an individual or
ARTICLE III - Register (The Limited Liability Coanother business entity v	red Agent, Registered Office, & ompany cannot serve as its own Registration.) a street address of the registered agostropy.	egistered Agent. Y	
ARTICLE III - Register (The Limited Liability Coanother business entity v	red Agent, Registered Office, & ompany cannot serve as its own Registration.) a street address of the registered agostropy as SWORD & SHIELD L	egistered Agent. Y ent are:	
ARTICLE III - Register (The Limited Liability Coanother business entity v	red Agent, Registered Office, & ompany cannot serve as its own Registration.) a street address of the registered agostropy.	egistered Agent. Y gent are: C lame	ou must designate an individual or
ARTICLE III - Register (The Limited Liability Coanother business entity v	red Agent, Registered Office, & ompany cannot serve as its own Registration.) a street address of the registered agency SWORD & SHIELD L	egistered Agent. Y gent are: C lame	ou must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-

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

"AMBK" = A	Name and Address:
"MGR" = Mai	uthorized Member
	-
<u>MGR</u>	KEVIN DURAND 20341 MOSS BRANCH CT.
	LUTZ, FL 33558
	5015,150000
EV: Effective	e date, if other than the date of filing: (OPTIONAL)
EV: Effective ective date is leffling.) the date inser	• •
EV: Effective date is I filling.) the date insernent's effective	e date, if other than the date of filing:  (OPTIONAL)  listed, the date must be specific and cannot be more than five business days prior to o  ted in this block does not meet the applicable statutory filing requirements, this date wil
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ective date is lof filing.) The date inserment's effective E VI: Other process.	e date, if other than the date of filing: (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior to outed in this block does not meet the applicable statutory filing requirements, this date will be date on the Department of State's records.
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E V: Effective extive date is leftling.) the date inserment's effective E VI: Other pro-	e date, if other than the date of filing:
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E V: Effective ctive date is I filling.) the date insernent's effective E VI: Other process.	e date, if other than the date of filing:
E V: Effective ctive date is I filling.) the date insernent's effective E VI: Other process.	Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of S constitutes a third degree felony as provided for in s.817.155, F.S.
V: Effective ctive date is I filing.) he date inser- nent's effective CVI: Other pro-	signature of a member of ap authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statul am aware that any false information submitted in a document to the Department of S (S).  KAREN ARIZA
EV: Effective ctive date is I f filing.) the date inser- nent's effective EVI: Other pro-	Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of S constitutes a third degree felony as provided for in s.817.155, F.S.

### 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)

as