

5/16/24, 10:21 AM

L24000218515

Division of Corporations

H24000176363 3

Note: Please print this page and use as a cover sheet. Type the full name of the corporation on the top left of all pages of this document.

((H24000176363 3)))



H00001763634074

Note: DO NOT hit the REFRESH/LOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6181

From: Account Name : KIMO AGRICULTURAL SERVICES LLC
Account Number : 273190000328
Phone : (850)765-3434
Fax Number : (850)424-8093

"Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please."
Email Address: jcampfield@handfirm.com

FLORIDA LIMITED LIABILITY CO.
ASSURANCE SECURITY SOLUTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	83
Estimated Charge	\$136.00

Electronic Filing Menu Corporate Filing Menu Help

RECEIVED

2024 MAY 16 PM 12:11

CORPORATIONS
COMMERCIAL
SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 MAY 16 PM 4:26

H24000176363 3

DocuSign Envelope ID: 3F0465C1-36F6-47E1-9E78-29A1EED863E8

H240001763633

**ARTICLES OF ORGANIZATION
OF
ASSURANCE SECURITY SOLUTIONS, LLC**

ARTICLE I – NAME

The name of the limited liability company is ASSURANCE SECURITY SOLUTIONS, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
34990 EMERALD COAST PARKWAY,
SUITE 300
DESTIN, FL 32541

Mailing Address:
34990 EMERALD COAST PARKWAY,
SUITE 300
DESTIN, FL 32541

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

HAND ARENDALL HARRISON SALE, LLC
C/O DION MONIZ
35008 EMERALD COAST PKWY, STE 500
DESTIN, FL 32541

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.

Dion J. Moniz

HAND ARENDALL HARRISON SALE, LLC

DocuSign Envelope ID: 3F0465C1-36F6-47E1-9E78-28A1EED863E8

H24000176363 3

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR, AMBR

STEVEN FRANCO
34990 EMERALD COAST PARKWAY,
SUITE 300
DESTIN, FL 32541

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be 5/15/2024.

REQUIRED SIGNATURE:

Steven Franco

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.

STEVEN FRANCO

Typed or printed name of signer