

L24000 464141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

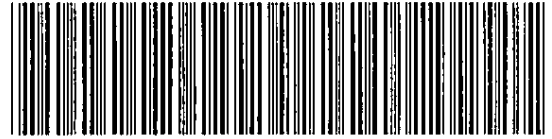
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600434831006

FILED

2024 NOV -4 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FL

600434831006  
11/05/24--01004

RECEIVED

2024 NOV -4 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: USA Continuous Background Monitoring  
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:

Tammellia Bacon

Name of Person

Tally Notary Services

Firm/Company

2221 Orange Ave. E. # 1116

Address

Tallahassee, FL 32311

City/State and Zip Code

Mercerbrenda2020@gmail.com

E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA  
TALLAHASSEE, FL

2024 NOV -4 AM 9:47

FILED

For further information concerning this matter, please call:

Brenda Mercer

Name of Person

at ( 813 )

Area Code

389-0141

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

USA Continuous Background Monitoring, 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:

18801 N. Dale Mabry Hwy  
#1020  
Lutz, FL 33548

Mailing Address:

18801 N. Dale Mabry Hwy  
#1020  
Lutz, FL 33548

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:

Tammellia P. Bacon  
Name  
2221 Orange Ave. E. #1116  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32311  
City State Zip

CLERK OF STATE  
TALLAHASSEE, FL

2024 NOV -4 AM 9:47

FILED

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.,

Tammellia P. Bacon  
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

Secretary

VP/Treasurer

AMBR

Name and Address:

Brenda Mercer  
18801 N. Dale Mabry Hwy #1020  
Lutz, FL 33548

Ralph Mercer  
18801 N. Dale Mabry Hwy #1020  
Lutz, FL 33548

Autumn (Autumn) Mercer  
18801 N. Dale Mabry Hwy #1020  
Lutz, FL 33548

Tammellia Bacon  
2221 Orange Ave. E. #1116  
Tallahassee, FL 32311

(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:

Tammellia Bacon

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.

Tammellia Bacon

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)

2024 NOV -4 AM 9:14  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

FILED