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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Effective Date 3-1-2013

03/04/13--01016--029 **160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Providence Products, 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:

Pirm/Company 15051 Azra Drive Address Odessa, FL 33556 City/State and Zip Code Jay.Gerbase@me.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay Gerbase

, 813

748-9553

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dravidonas Destructo 1				
Providence Products, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
(M)	ast end with the words "Limi	ited Liability Company, "L.L.C., or "LLC.")		
ARTICLE II - Ad		•		
The mailing address	ss and street address o	of the principal office of the Limited Lia	bility Company is:	
Principal Office A	Address:	Mailing Address:		
15051 Azra Drive		15051 Azra Drive		
Odessa, FL 33556		Odessa, FL 33556		
The name and the	Florida street address Jay Galen Gerbase	of the registered agent are: Name	2013 MAR -4 AM 10: 02 BECHETARY OF STATE BLLAHASSEE, FLORIDA	
	15051 Azra Drive			
		street address (P.O. Box <u>NOT</u> acceptable)	D N	
	Odes	ssa, FL 3 <u>3</u> 556		
		City, State, and Zip		

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Jay Galen Gerbase 15051 Azra Drive Odessa, FL 33556
MGRM	Lesley Mae Isbell-Gerbase
	Odessa, FL 33556
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(Use attachment if necessary)	P

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jay Galen Gerbase

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)