

W02000006136

FPS

Florida Professional Services, Inc.

100 NE 89th Street El Portal, Florida 33138

Tel: 305-759-3460 305-962-3833 Fax 305-759-3825 e mail FlaProSv@msn.com

Affiliates: American Architectural Group - Prestige Builders - Florida Pool Specialist.com

Alfred McKnight, M.S.

Peter Koerber, State Licensed General Contractor

Emilio Pinero, Consulting Engineer

00789-02595-00671

3/12

MMJH

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

W02-5875

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****155.00 ****155.00

Names & Address of Person Submitting Application

Alfred McKnight

100 NE 89TH ST.

El Portal, FL 33138

FILED

02 MAR 12 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 28, 2002

ALFRED MCKNIGHT
FPS
100 NE 89TH ST.
EL PORTAL, FL 33138

SUBJECT: FLORIDA PROFESSIONAL SERVICES, LTD.
Ref. Number: W02000005875

We have received your document for FLORIDA PROFESSIONAL SERVICES, LTD. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 802A00012415

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Florida Professional Services, Ltd. Co.

ARTICLE II - Address:

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

100 NE 89TH ST, EL Portal, FL 33138

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

SHELDON ZIPKIN, ESQ.
Name
2020 NE 163 ST. #300
Florida street address (P.O. Box NOT acceptable)
North Miami Beach, FL 33162
City, State, and Zip

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 608, F.S.

[Signature]
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

[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.)

Alfred McKnight
Typed or printed name of signee

Filing Fees:

- X \$100.00 Filing Fee for Articles of Organization
- X \$ 25.00 Designation of Registered Agent
- X \$ 30.00 Certified Copy (Optional)
- ~~\$ 5.00 Certificate of Status (Optional)~~

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