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L04-10224
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professionals At Work 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:

Dierdre J Easton
(Name of Person)

Professional At Work LLC
(Firm/Company)

PO Box 3545
(Address)

Holiday, FL 34690-0545
(City/State and Zip Code)

For further information concerning this matter, please call:

Dierdre J Easton at (727) 457-3824
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Professionals At Work LLC

ARTICLE II - Address:

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

Principal Office Address:

9602 Chris St.
Hudson, Fl. 34669-3765

Mailing Address:

PO Box 3545
Holiday, Fl. 34690-0545

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

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

Dierdre J. Easton
Name

9602 Chris St. Hudson, Fl. 34669-3765
Florida street address (P.O. Box NOT acceptable)

Hudson, Fl. 34669-3765
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..


Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kyle Smith

8512 Split Rail Ln.

Hudson, Fl. 34667

MGRM

Donna R Smith

8512 Split Rail Ln.

Hudson, Fl 34667

MGRM

Larry Easton

9602 Chris St.

Hudson, Fl. 34669-3765

MGRM

Michelle E.Proffitt

2534 Society Dr.

Holiday, Fl. 34691

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Larry Easton

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)