

104000013693

(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



200028127492

02/12/04--90202--001 \*\*50.00

02/12/04--90202--002 \*\*35.00

02/20/04--01038--011 \*\*75.00

RECEIVED  
04 FEB 20 AM 10:53  
DIVISION OF CORPORATION

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 FEB 20 AM 10:56

J. BROWN FEB 20 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: InstallPro, 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:

Stewart Ulmer  
(Name of Person)

InstallPro, LLC  
(Firm/Company)

926 Cothian Dr.  
(Address)

Tall, FL 32312  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Ulmer at (850) 893-3380  
(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 FEB 20 AM 10:56

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 FEB 20 AM 10:56

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

InstallPro, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

926 Lothian Dr.  
Tall., FL 32312

**Mailing Address:**

926 Lothian Dr.  
Tall., FL 32312

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

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

Angela Ulmer  
Name

926 Lothian Dr.

Florida street address (P.O. Box **NOT** acceptable)

Tall FLORIDA 32312  
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, Florida Statutes..*

Angela Ulmer

Registered Agent's Signature

**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

Stewart Ulmer  
926 Lothian Dr.  
Tall., FL 32312

MGRM

Angela Ulmer  
926 Lothian Dr.  
Tall., FL 32312

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Angela Ulmer

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.)

Angela Ulmer

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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 FEB 20 AM 10:56