

L05000027201

(Registrant's Name)

THE W SERVICES, INC.
9500 NW 77TH AVE STE. 15
HIALEAH GARDENS, FL 33016

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

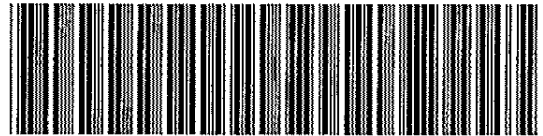
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/21/05--01051--011 **122.50

03/17/05--01018--001 **37.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L05-27201
GA
11402



FLORIDA DEPARTMENT OF STATE

March 1, 2005

THE W SERVICES, INC.
9500 NWE 77TH AVE SUITE 15
HIALEAH GARDENS, FL 33016

SUBJECT: PRO-MEX DISTRIBUTOR, LLC
Ref. Number: W05000010402

We have received your document for PRO-MEX DISTRIBUTOR, LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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) 245-6929.

Justin M Shivers
Document Specialist
New Filings Section

Letter Number: 105A0001414

122.50
37.50
\$160.00 Application to LLC.

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TALLAHASSEE, FLORIDA

RECEIVED
05 MAR 18 AM 9:13
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO-MEX DISTRIBUTOR, 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:

WILFREDO PEREZ
(Name of Person)

THE W SERVICES, INC.
(Firm/Company)

9500 NW 77TH AVE SUITE 15,
(Address)

HIALEAH GARDENS, FL 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

WILFREDO PEREZ at (305) 828-2841
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRO-MEX DISTRIBUTOR, LLC.

ARTICLE II - Address:

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

Principal Office Address:

YOLANDA EUSTAQUIO

Mailing Address:

1987 CORPORATED SQUARE DR.
LONWOOD, FL 32750

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

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

YOLANDA EUSTAQUIO

Name

1987 CORPORATED SQUARE DR.

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


LONGWOOD FL 32750

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..

DATE: 3/10/05


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:

MGR

YOLANDA EUSTAQUIO

1987 CORPORATED SQUARE DR.

LONGWOOD, FL 32750

MGRM

PRISCILLA AVILA

1987 CORPORATED SQUARE DR

LONGWOOD, FL 32750

MGRM

ALEXANDER AVILA

1987 CORPORATED SQUARE DR

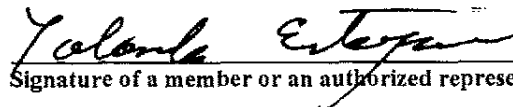
LONGWOOD, FL 32750

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Date = 3/10/05



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.)

YOLANDA EUSTAQUIO

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)

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