## 1050000075022

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300049796023

04/08/05--01032--016 \*\*160.00



## TRANSMITTAL LETTER

TO: Registration Division of 0						
CUDIECT.	PROTO PROPER	TY MANAGI	EMENT LIC			
SUBJECT:	(Name of Limite					
The enclosed Articles	of Organization and fee(s) are s	ubmitted for t	filing.			
Please return all corre	spondence concerning this matte	er to the follow	wing;			
		lan Russell				
	(I	Name of Person	n)			
		SS Nevada	1			
	(	Firm/Company	·)			
	4535 W.	Sahara Ave	., Ste. 204			
		(Address)			_	
	Las V	egas, NV 89	9102			
	(City)	State and Zip	Code)			ا : : نہ :: ا درز
For further information	on concerning this matter, please	call:				وري پستي سا
Alan Russell		at ( 702	933-4030			) 1 1 1 1
(Naı	ne of Person)		Code & Daytime To	lephone Numbe	er) ].>	ت
Enclosed is a check	for the following amount:					
<b>□</b> \$125.00 Filing Fe	e	Certified (	00 Filing Fee & Copy copy is enclosed)		of Statu Copy	s &
Reg Div	REET ADDRESS: istration Section ision of Corporations E. Gaines Street		MAILING A Registration S Division of Co P.O. Box 6327	ection orporations		

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:		
PROTO PROPERTY MANAGEMENT, LLC		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
4129 Chastain Drive	4129 Chastain Drive	
Melbourne, FL 32940	Melbourne, FL 32940	•
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re		
Kathy K. Cregan		方面
Name		
4129 Chastain Drive		13 13
Florida street add	ress (P.O. Box NOT acceptable)	
Melbourne	FL 32940	
City, State, a	nd Zip	
		77 7

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 Signal

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Manag	Name and Address: ing Member			
MGRM	Minas Limited Partnership 4535 W. Sahara Ave., Ste. 204		-	
	Las Vegas, NV 89102		-	
			<del>-</del>	
			-	
			-	
			<del>-</del> -	
(Use attachment if i	necessary)		. 0	
NOTE: An addition	onal article must be added if an effective date is reques	ited.	31 11 21	_
REQUIRED SIGN 	(10 Mayel)		9 EL 10: 18	1
1)	gnature of a member or an authorized representative of a member of	`	ద	
_	that the facts stated herein are true.)  Alan Russell			
	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)