## 1050000 356 26

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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20/2

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03/21/05--01052--012 \*\*227.50

05 APR -8 PH 2: 4

W05 3/2/05

## TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: POTO POPOSED CORPORAT	ENAME - MUST INCLU	TURS, LLC	ر
Enclosed are an original and one (1) copy of the artic  \$70.00 \$78.75 Filing Fee & Certificate of Status	les of incorporation and  \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
1501 E. S	Printed of typed)  Address  State & Zip	SECRET TALLAHAS	

NOTE: Please provide the original and one copy of the articles.

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 25, 2005

WARREN MCGREGOR 1501 E. SLIGH AVE TAMPA, FL 33610

SUBJECT: PROTEA PROPERTY VENTURES, LLC

Ref. Number: W05000015527

We have received your document for PROTEA PROPERTY VENTURES, LLC and your check(s) totaling \$227.50. 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) 245-6955.

Suzanne Hawkes Document Specialist New Filings Section

Letter Number: 405A00020694

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Protect Property Vertures, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

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

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

**ARTICLE I - Name:** 

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

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:			
MGR	Brancon Przepoe Marien Wchredos			
MGRM	Shawn Corcory 3030 Southonplat Oclo Tappa, Fr 33647			
m G Rm	TOUTHING MCGREODE TOUS CONTOSE DE Brondon, FL 3350			
MGRM	Shone Carcary 9022 Southanton Cicle Tompo, 17 32617			
(Use attachment if necessary)				
NOTE: An additional article must be added if an effective date is requested				
REQUIRED SIGNATURE:	05 APR -8			
Signature of a member or	an authorized representative of a member.			
(In accordance with section of this document constitute that the facts stated herei	n 608-408(3), Florida Statutes, the execution RA Research an affirmation under the penalties of perjury RA Research in are true.)			
Waller	or printed name of signed			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: