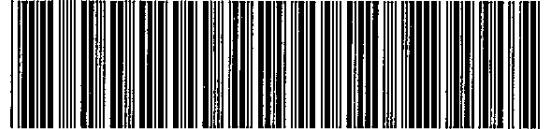


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05 JUN -9 AM 8:15

CLERK OF COURT
CALLAHANSEE, FLORIDA



300055701943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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CLERK OF COURT
CALLAHANSEE, FLORIDA

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

05 JUN -9 AM 8:19

SUBJECT: Progressive Business Enterprise LLC
(Name of Limited Liability Company)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James V. Maduro Jr.

(Name of Person)

Progressive Business Enterprise LLC

(Firm/Company)

1326 KITT ST

(Address)

Tallahassee FL 32304

(City/State and Zip Code)

For further information concerning this matter, please call:

James V. Maduro Jr at 850, 294-3628

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input 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 32399MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED

05 JUN -9 AM 8:19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
TALLAHASSEE, FLORIDA**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Progressive Business Enterprise LLC**ARTICLE II - Address:**

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

Principal Office Address:1326 KITT ST
Tallahassee FL 32304Mailing Address:PO Box 3700
Tallahassee FL 32315**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

James V. Maduro Jr

Name

1326 KITT STFlorida street address (P.O. Box **NOT** acceptable)Tallahassee FL 32304

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, F.S.,

James V. Maduro Jr
Registered Agent's Signature

(CONTINUED)

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

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

05 JUN -9 AM 8:19

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:SECRETARY OF STATE
TALLAHASSEE, FLORIDAMGRMJames V. Maduro Jr
P.O. Box 3700
Tallahassee FL 32315

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**James V. Maduro Jr
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.)

James V. Maduro Jr
Typed or printed name of signer**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)