# 60500057105

00759-02395-00671

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dadition Littly Flatting)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  49  C
Office Use Only



700054514177

05/18/05--01016--011 \*\*130.00

MJH

## TRANSMITTAL LETTER

· · · · · ·	·
ed Liability Company)	
• • • • • • • • • • • • • • • • • • • •	
submitted for filing.	
ter to the following:	
S	
(Name of Person)	
(Firm/Company)	
(*************************************	
(Address)	<del></del> ,
y/State and Zip Code)	
e call:	
at ( 407 ) 771-4299	
(Area Code & Daytime To	elephone Number)
<b>7</b> 015500 771 77 0	<b>4</b> 41 60 00 7077 77
S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING A	
Division of Co	orporations
P.O. Box 6327	7
	er to the following:  (Name of Person)  (Firm/Company)  (Address)  (Address)  (Address)  (Address)  (Area Code & Daytime To Control Copy (additional copy is enclosed)  MAILING A Registration S Division of Co



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

May 23, 2005

MICHAEL PEER, KAREN LINGO-WILLIAMS PROFOUND SERVICE ONE 947 MARKET PROMENADE AVE. LAKE MARY, FL 32746

SUBJECT: PROFOUND SERVICE ONE

Ref. Number: W05000025771

We have received your document for PROFOUND SERVICE ONE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return 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) 245-6967.

Letter Number: 705A00036938

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ny is:
Profound Service One	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
947 Market Promenade Ave	Same
Lake Mary, FL 32746	
The name and the Florida street address o	f the registered agent are:
	Name
947 Market Promenade	Ave.
Florida str	reet address (P.O. Box <u>NOT</u> acceptable)
Lake Mary, FL 32746	FL
City,	State, and Zip
liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and comp	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
Manager	Michael Peer Karen Lingo-Williams		
· · · · · · · · · · · · · · · · · · ·			
·			
(Use attachment if necessary)			
NOTE: An additional article must be added if an effective date is requested.			
	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.)

Michael Peer, Karen Lingo-Williams

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)