

## 105000057628

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105-91628

## TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Parking L	ot Pro, LLC		
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
J. Scott F	(rueger		
	(P	Name of Person)	
Parking Lot Pro, LLC	;		
	(I)	Firm/Company)	· · · · · · · · · · · · · · · · · · ·
216 Fort Sm	nith Blvd.	(Address)	
		(1.00.000)	
Delto	na, FL 32738		
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
J. Scott Krueger		at ( 407 ) 328 7652	
(Name	of Person)	at (407 328 7652 (Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
<b>J</b> \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filling 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	is:			
Parking Lot Pro, 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:			
216 Fort Smith Blvd.	216 Fort Smith Blvd.			
Deltona, FL 32738	Deltona, FL 32738			
The name and the Florida street address of the				
Nan	ne			
216 Fort Smith Blvd.				
Florida street address (P.O. Box NOT acceptable)				
Deltona, FL 32738  City, State	FL			
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Registered Agent's Signature

## 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" = Managing Member	Name and Address:		
MGR	J. Scott Krueger 216 Fort Smith Blvd.		
	Deltona, FL 32738		
<del></del>			
(Use attachment if necessary)  NOTE: An additional article must be	e added if an effective date is requested.		
REQUIRED SIGNATURE:			
	an authorized representative of a member.		
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)		
J. Scott Krueger			
Туре	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)