

L 05000096509

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000231883 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
05 SEP 29 PM 4: 05
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

providence capital investments, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
05 SEP 29 AM 10: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HUS0000231883

②

ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

PROVIDENCE CAPITAL INVESTMENTS, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: **3310 BLUE FIN DRIVE**

City, State & Zip: **WEST PALM BEACH, FL 33411**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

ALEXANDER J. KRANZ
Name

2790 NORTH MILITARY TRAIL, STE 6
Address (P.O. Box NOT Acceptable)

WEST PALM BEACH, FL 33409
City, State, 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..

Alexander J. Kranz

Registered Agent's Signature

Date 09/29/2005

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es)

1. **CARL WILLIAMS, 3310 BLUE FIN DRIVE, WEST PALM BEACH, FL 33411**

2.

CARL WILLIAMS

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.

CARL WILLIAMS

Typed or printed name of person signing

405000231883

FILED
05 SEP 29 AM 10:53
TALLAHASSEE FLORIDA
SECRETARY OF STATE