

L05000118488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

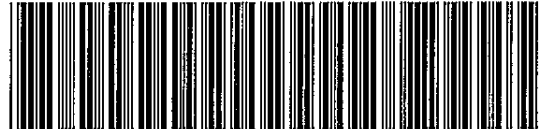
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
05 DEC 13 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
05 DEC 13 AM 10:52  
TALLAHASSEE, FLORIDA  
INVESTIGATIVE  
OPERATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 753169 82491A

AUTHORIZATION :

COST LIMIT : \$ PRE-PAID

ORDER DATE : December 13, 2005

ORDER TIME : 9:35 AM

ORDER NO. : 753169-005

CUSTOMER NO: 82491A

FILED  
05 DEC 13 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: PRO TOOLS, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION

OF

PRO TOOLS, LLC

WE, THE UNDERSIGNED, being natural person(s) of legal age, hereby desire to form a Limited Liability Company under the laws of the state of Florida, and hereby adopts the following Articles of Organization.

ARTICLE I

NAME

The name of the Limited Liability Company shall be PRO TOOLS, LLC.

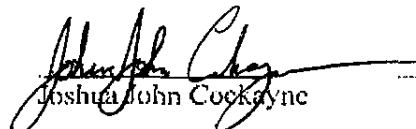
ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is: 32 Gracie Road, DeBary, Florida 32713.

ARTICLE III

The name and the Florida street address of the registered agent is: Joshua John Cockayne, 32 Gracie Road, DeBary, Florida 32713.

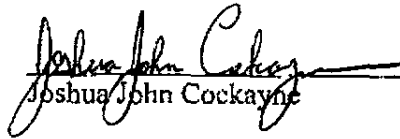
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

  
Joshua John Cockayne

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CLERK OF THE STATE  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

ARTICLE IV

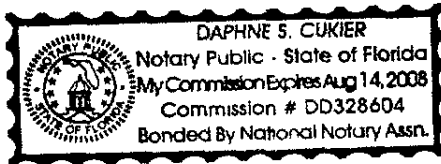
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

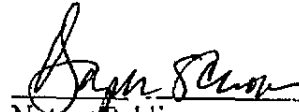
  
Joshua John Cockayne

  
Natalie Norton Cockayne

STATE OF FLORIDA  
COUNTY OF VOLUSIA

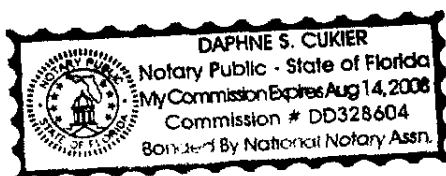
The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of Dec, 2005, by Joshua John Cockayne, who is personally known to me or who has produced FL Drivers License as identification and who did take an oath.




  
Notary Public

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of Dec, 2005, by Natalie Norton Cockayne, who is personally known to me or who has produced FL Drivers License as identification and who did take an oath.



  
Notary Public