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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to Fili	ng Oπicer:	1
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Office Use Only



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DIVISION OF CORPORATIONS
OF AIR 28 AHII: 50

AUG 2 9 2006

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Pro	Generator S	DETVICES L	<u></u>
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	·
Please return all corresp	condence concerning this matte	er to the following:	
Jame	s. Francis		OR DIVIS
	(Name of Person)	AUG CRE
Pro G	enerator Se	Nices LLC	0F CT
	((Firm/Company)	28 AHII:
5025 T	hyme Dr.		OF AUG 28 AH 11: 50
		(Address)	
Palm T	Beach Garde	NS PL 334 /State and Zip Code)	18
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
	-		n 4 =
Krisiopi	er MICNIE	at (561) 317 - C	1740 elephone Number)
·	·	•	•
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLOI ARTICLE I - Name: The name of the Limited Liability Company is: Pro Generator Service (Must end with the words "Limited Liability Company, "Limited Company," Limited Company, "Limited Company,	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Pro Generator Service (Must end with the words "Limited Liability Company, "Limited Company,"	ommony or their obbandation "I I C" on "I C""
(Must end with the words Elimited Liability Company, Elimited C	ompany of their abbreviation "LLC, of "L.C.,"
ARTICLE II - Address:	
The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	<u> Mailing Address:</u>
5025 Thyme Dr	Same
5025 Thyme Dr Palm Belch Gardens Florida 33418	
FLorida 33418	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the regis	stered agent are:
Sames Fran	
Somes Fron Name	
5025 Thomas Dr.	_
5025 Thyme Dr. Florida street address	s (P.O. Box NOT acceptable)
Palm Beach Gardens City, State, and	
City, State, and	Zip
Having been named as registered agent and to accominately company at the place designated in this registered agent and agree to act in this capacity.	

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..

gistered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	Maine and Address.
"MGRM" = Managing Member	
MGR	Kristonhen Michie
	Kristophen Michie. 6936 Stoney Creek Cir. Lake Worth, FL 33467
	Lake Worth, FL 33467
MHZM	Samps Francis
) BMES Francis 5025 Thyme Dr. Palm Beach Gardens, FL 3341
,	Palm Beach Gardens, FL 3341
•	·
(Use attachment if necessary)	
(Ose attachment it necessary)	
Tective date is listed, the date must l	e date of filing: (OPTIONAL be specific and cannot be more than five business days
fective date is listed, the date must be days after the date of filing.)	
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fective date is listed, the date must be days after the date of filing.)	
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	pe specific and cannot be more than five business days
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	pe specific and cannot be more than five business days are or an authorized representative of a member.
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with secondance)	pe specific and cannot be more than five business days

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)