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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cı	ty/State/Zip/Phone	9 #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Prophit Management Group, LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Arthur R. Welhoelter (Name of Person) Prophit Management Group, LLC (Firm/Company) 100 Hazel Path, Suite B Hendersonville, TN 37075 (City/State and Zip Code) For further information concerning this matter, please call: Art Welhoelter (Name of Person) Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & **✓** \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

TILEU

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Prophit Management Group, LLC		
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")	
ADDICE D IV. A.I.L.		
ARTICLE II - Address:	incinal office of the Limited Lighility Company i	ie.
The maining address and street address of the pr	incipal office of the Limited Liability Company i	
Principal Office Address:	Mailing Address:	
913 S. Parsons Avenue, Unit C	913 S. Parsons Avenue, Unit C	
Brandon, FL 33511	Brandon, FL 33511	
		<u>ي</u>
		コ 記
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature	JC.
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another 🔾 🔾		
business entity with an active Florida registration.)	<u></u>	
The name and the Florida street address of the r		K
	. OFT	٠٦ ١٠
G. Andrew Dennis	·	Ę
Name	–	
12806 Yarn Place		
Florida street add	lress (P.O. Box NOT acceptable)	
Riverview	FL 33569	
City, State, a		
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limite his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of arformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	all
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(CONTINUED) Page 1 of 2

ARTICLE IV- N	Manager(s) or	Managing Mem	ber(s):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Darren S. Denington
	2511 Brucken Road
	Brandon, FL 33511
MGRM	G. Andrew Dennis
10100111	12806 Yarn Place
	Riverview, FL 33569
MGRM	A. R. Welhoelter
	100 Hazel Path, Suite B
	Hendersonville, TN 37075
(Use attachment if necessary)	e date of filing: (OPTIONAL)
ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
(If an effective date is listed, the date must b	be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
	- Li i-
DECIMEN SICMATIDE.	9: 40 STATE ORIDA
REQUIRED SIGNATURE:	Am o

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.)

A. R. Welhoelter

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)