

607000072748

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

From:  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO

ART PROWESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

## ARTICLE I NAME

The name of the Limited Liability Company is:  
ART PROWESS LLC

## ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

1107 SOARING OSPREY WAY  
VALRICO Florida 33594

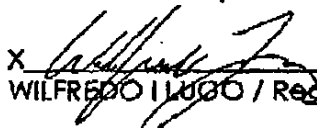
## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

WILFREDO I LUGO  
1107 SOARING OSPREY WAY  
VALRICO Florida 33594

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TALLAHASSEE, FLORIDA

Having been named as registered agent 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..

X   
WILFREDO I LUGO / Registered Agent's

## ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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ART PROWESS LLC

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ARTICLE V MEMBERS (optional)

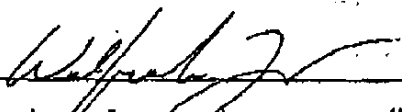
MANAGING MEMBER:

WILFREDO I LUGO

1107 SOARING OSPREY WAY

VALRICO Florida 33594

\*\*\*\*\*

x 

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.

WILFREDO I LUGO

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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