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| • | (City/State/Zip/Phone #) |
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| | (Business Entity Name) |
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| Certified Copies | Certificates of Status |
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| Special Instructions | s to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Provantage Investments 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: |
| JOSHUA C. MCKEE (Name of Person) |
| (Name of Person) |
| Provantage Investments LLC 9 |
| (Firm/Company) |
| 2442 HAZELWOOD LANE |
| 2442 HAZELWOOD LANE (Address) |
| Provantage Investments LLC (Firm/Company) 2442 HAZELWOOD LANE (Address) (Address) Clearwater FL 33763 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| SOSHUA C. MCKEE at (727) 542-9161 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee & \$\frac{1}{2}\$\$155.00 Filing Fee & \$\frac{1}{2}\$\$\$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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | |
|---|--------------------------------|-------------------|-------------------------------------|---|
| The name of the Limited Li | ability Company is: | | | |
| Provantage (Must end with | INVESTMEN | rs l | -LC | |
| (Must end with | the words "Limited Liability | Company | y, "L.L.C.," or "LLC.' | ") |
| ARTICLE II - Address: The mailing address and str | eet address of the prin | cinal o | ffice of the Limit | S ted I läkility Company is: |
| The maring address and str | cet address of the prin | cipai o | ince of the Linn | ied Liability Golipany is. |
| Principal Office Address: | | <u>Mailin</u> | g Address: | 13 国 |
| 2442 HAZELWOOD L. | ane | 244 | 2 HAZELWEL | DO LANGO 3 |
| Clearwater, f) 33 | 763 | Clea | Irwater, F | DD LANE 0 3 9 9 5 |
| ARTICLE III - Registered (The Limited Liability Company can business entity with an active Florid | not serve as its own Registers | Office, ed Agent. | & Registered A You must designate a | gent's Signature: un individual or another |
| The name and the Florida st | reet address of the reg | gistered | agent are: | |
| · · · · · · · · · · · · · · · · · · · | reely R M | CKEE | | |
| 2442 | HAZELWOOD LANG | 2 | | |
| | Florida street addre | ss (P,O. | Box <u>NOT</u> acceptab | le) |
| (| learwater | FL | 33743 | |
| | City, State, and | ł Zip | | |
| Having been named as reg | istered agent and to ac | cept ser | vice of process fo | or the above stated limited |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager "MGRM" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member MGR | JOSHUA C-MCKEE 2442 HAZELWOOD LANE Clearwater, FL 33763 |
| | |
| | |
| (Use attachment if necessary) | FILEL SECRETARY ALLAHASSE |
| ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.) | ate of filing: (OPTIONAL) 景 specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| | emse |
| 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.)

Toshua C. MCKEE

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)