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(Requestor's Name)		
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(Aud	1633)	
(City	/State/Zip/Phone	e #)
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☐ PICK-UP	WAIT .	MAIL
(Bus	iness Entity Nar	ne)
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(Doo	ument Number)	
(DOC	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer	
Special instructions to r	illing Officer.	





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[∗] COÝER LETTER

Division of Co			
SUBJECT: Pro		ed Liability Company)	P Service "LLC
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	1
Kend	zia Green	(Name of Person)	
Progr	ren's Irrgat	(Firm/Company)	ervice 'LLC"
14	SE Norfol	(Address) 501	SW Feldman Av
_sta	Art Florida (Cit	3497 Por y/State and Zip Code)	+ Sain Lucie 34953 FL
For further information	concerning this matter, please	call:	
Kendzia (Name	Green e of Person)	at (<u>772</u>) <u>224</u> -	-1033 phone Number)
Enclosed is a check f	or the following amount:		
□\$125.00 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 Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Progreen's Triggition of Pump Service LLC,
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:			
501 Sly Feldman Ave	MARIO RO MARIO ESTADO SOLO SOLO FELOMO O AVE			
34953 Port Saint Lucie FL	34953 Port Saint Lucie	FL		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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.)				

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

Kendzia Green	
Name	En She El-
144 CF MACFAIR RTIPA	501 SW Feldman Ave Compatible 2012
Florida street address (P.O. Box NOT a	cceptable) 34953 F/
CHURCH F/ 3499	= 39953 FL
City, State, and Zip	in the second se

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 628, F.S.

Registered Agent's Signature (REOUIRED)

(CONTINUED)

The name and address of each Manage	er or Managing Member is as follows.
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Fort Period FL 34950
	Kendzia Green 114 SE No Folk BIVO Stourt FL 34997
MGR	Kendzia Green 501 SW Feldman Ave Port saint Lucie 34953
· .	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days
Signature of a member	nor an authorized representative of a member.
	etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury erein are true.)
	ped or printed name of signee FEOR STATE ORIGINATION
Filing Fees:	DE
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Optional)	

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