

LD8000034338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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RECEIVED
08 APR - 4 AM 11:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 APR - 4 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan APR - 4 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Performance Resulting In Defect Elimination-PRIDE 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:

Jackie Roberts

(Name of Person)

Performance Resulting In Defect Elimination-PRIDE LLC

(Firm/Company)

1119 McKenzie Ave

(Address)

Panama City FL 32401

(City/State and Zip Code)

For further information concerning this matter, please call:

Jackie Roberts

(Name of Person)

at (**850**) **890-5257**

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 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 Liability Company is:

Performance Resulting In Defect Elimination-PRIDE 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:

Performance Resulting In Defect Elimination-PRIDE LLC
2114 Joan Ave
Panama City Beach FL 32408

Mailing Address:

Jackie Roberts
1119 McKenzie Ave
Panama City FL 32401

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:

Jackie Roberts

Name

2114 Joan Ave

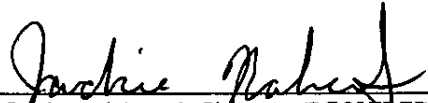
Florida street address (P.O. Box **NOT** acceptable)

Panama City Beach FL 32408

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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" = Managing Member

Name and Address:

MGRM

Jackie Roberts

1119 McKenzie Ave

Panama City FL 32401

MGRM

Allen Askew

111 W. Leslie Ln

Panama City Beach FL 32407

MGRM

Jason Bell Sr

9826 Cowels Rd

Fountain FL 32438

MGRM

James Fox III

121A Fox Ave

Callaway FL 32404

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Jackie Roberts

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)

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

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