

07/30/2009 1:15 PM

0700 POWERED BY

PAGE

OF 8

Division of Corporations

Page 1 of 1

W09000073240

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H090001731913)))



H090001731913ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

2009 JUL 30 AM 8:28
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Professional Safety Solutions LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

09 JUL 30 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

M. THOMAS

M. THOMAS

JUL 31 2009

JUL 30 2009

<https://efile.sunbiz.org/scripts/efilcovr.exe>

EXAMINER

EXAMINER

7/30/2009

H09000173191

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is: **Professional Safety Solutions 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:

612 Mercado Court

612 Mercado Court

Kissimmee, FL 34758

Kissimmee, FL 34758

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Jahnnny F. Perez

Name

612 Mercado Court

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Kissimmee, FL 34758

(City / State / Zip)

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 - Jahnnny F. Perez

FILED
2009 JUL 30 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H09000173191

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Jahnnny F. Perez - 612 Mercado Court, Kissimmee, FL 34758

MGRM

Gigi Maria Calderin-Perez - 612 Mercado Court, Kissimmee, FL 34758

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Jahnnny F. Perez

Typed or printed name of signer

2009 JUL 30 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED