L09000077941

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	ИAIL	
; ;		;
(Business Entity Name)		_
	:	:
(Document Number)	;	<u>· · · </u>
	:	į
Outral Control	1	•
Certified Copies Certificates of Status		-
·		, ,
Special Instructions to Filing Officer:		\Box
·		
	•	
•		
'		

Office Use Only



600159363416

08/12/09--01009--001 **160.00



C. LEWIS

AUG 1 3 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Pros At Tax LLC
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
-	Brett A: Flays Name of Person
	Pros at Tax LLC Firm/Company
	· ····································
-	117 Virginia Or. NW
	Fort Walton Black, FL 32548-4107 City/State and Zip Code
-	Brett, floyd & value, com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Broth A. Flayd at (850) 677-0431 Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
]\$12 5.(Of Filing Fee \$\times 130.00 Filing Fee \$\times 155.00 Filing Fee \$\times 1560.00 Filing Fee,\$\times Certificate of Status \$\times Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Conrier 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	:			
Pros at Tax				
(Most end with the words "Limited Linb	ility Company," "L.L,C," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
117 Virginia Dr. NW Fort Walton Brach, FL 32549-4107	LIT Virginia Pr. NW Fort Walton Beach, FL 32549-4107			
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	Dock Walton Black, FL 32549-4107 d Office, & Registered Agent's Signature: stered Agent. You must designate an individual ac-another registered agent are: Floys			
The name and the Florida street address of the	registered agent are:			
Brett A.	Flow R. R.			
Name Name				
117 Virgi	A Dr. NW Box NOT acceptable)			
	Box NOT acceptable)			
Fort Walton Brace City, State, 8	LEL 32548-4107			
Having been named as registered agent and to liability company at the place designated in t	accept service of process for the above stated limited this certificate, I hereby accept the appointment as			

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 JV- Manager(s) or Managing Member(s):

FILED

2009 AUG 12 AM 11: 19

STATE LORIDA

The name and address of each Manage	r or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	r or Managing Member is as follows: SECRETAR IALLAHASSI Name and Address:
Brett A. Flord, MGRM	FORT WALFOR BYACH, FL 32549-410
(Use attachment if necessary)	
ICLE V: Effective date, if other than the defective date is listed, the date must be seen days after the date of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days p
REQUIRED SIGNATURE:	De Teory
(In accordance with section of this document constitution)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
that the facts stated herei	in are true.) RETT FLOYO sol or printed name of signee
Filing Fees:	M OF PRIMED RAME OF SIGNEC

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)