

L10000079612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

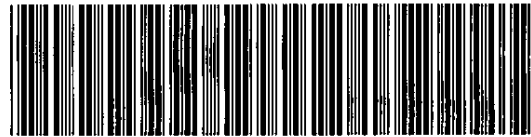
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

JUL 29 2010

**EXAMINER**



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07/28/10--01006--011 \*\*130.00

FILED  
10 JUL 28 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**PROCTORU, INC.**  
2919 JOHN HAWKINS PARKWAY  
HOOVER, AL 35244

**205-870-8122**

**WWW.PROCTORU.COM**

July 26, 2010

State of Florida  
Registration Section  
Division of Corporations

Re: Permission to use the name "ProctorU" in registering ProctorU Marketing & Sales LLC as a Florida limited liability company

Dear Sirs/Mesdames:

By my signature below, as an officer and authorized representative of ProctorU, Inc., a Florida corporation, I hereby authorize the use of the trade name ProctorU by the registrant.

Please contact the undersigned by phone (561-289-4102) or by mail at the following address should there be any questions.

761 N.E. Harbour Dr.  
Boca Raton, FL 33431-6926

Very truly yours,

L. Joseph Schmoke  
Chairman of the Board & Corporate Secretary

(seal)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PROCTORU MARKETING & SALES 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:

Joseph Schmoke

Name of Person

ProctorU Marketing & Sales LLC

Firm/Company

761 N.E. Harbour Dr.

Address

Boca Raton, FL 33431-6926

City/State and Zip Code

collegcap@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

same at ( 561 ) 289-4102  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

ProctorU Marketing & Sales 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:

761 N.E. Harbour Dr.

same

Boca Raton, FL 33431-6926

### 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:

Joseph Schmoke

Name

761 N.E. Harbour Dr.

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

Boca Raton

FL 33431-6926

City, State, and Zip

FILED  
10 JUL 28 PM 12:57  
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

ProctorU, Inc.

2919 John Hawkins Pkwy

Hoover, AL 35244

MGR

Denison Smith

10400 Eaton Place, #203

Fairfax, VA 22030

MGR

Joseph Schmoke

761 N.E. Harbour Dr.

Boca Raton, FL 33431-6926

MGR

Jarrod Morgan

2919 John Hawkins Pkwy

Hoover, AL 35244

(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:**

 MGR  
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.)

Joseph Schmoke

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)**

**ProctorU Marketing & Sales LLC**  
**Articles of Organization**

**Additional Manager**

**MGR**

**Donald Kassner**  
**2919 John Hawkins Pkwy**  
**Hoover, AL 35244**