

L1D00000107335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

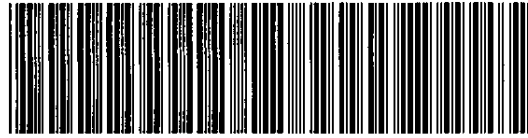
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400186343744

10/13/10--01010--014    \*\*160.00

2010 OCT 13 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

OCT 14 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Protocall Investments, 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:

Terence Reed

Name of Person

Protocall Investments, LLC

Firm/Company

2465 N.W. 179 Terrace

Address

Opa Locka, Florida 33056

City/State and Zip Code

morjamorani@yahoo.com

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

For further information concerning this matter, please call:

Terence Reed

Name of Person

at ( 305 ) 624 5924

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

2010 OCT 13 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Protocall Investments, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

2465 N.W. 179 Terrace  
Opa Locka, FL 33056

**Mailing Address:**

2465 N.W. Terrace  
Opa Locka, FL 33056

**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:

Terence Reed

Name  
2465 N.W. 179 Terrace

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

Opa Locka FL 33056

City, State, and Zip

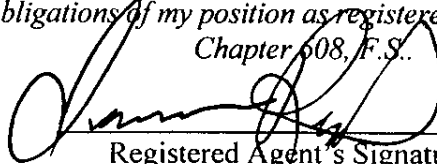
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

2010 OCT 13 AM 9:48

FILED

*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)

**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

Terence Reed  
2465 N.W. 179 Terrace  
Opa Locka, FL 33056

MGR

Malcolm Mack  
542 Meadow Spring Dr.  
Temple, GA 30179

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2011  
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

2010 OCT 13 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**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.)

Terence Reed

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)