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WI-46199

J. BRYAN

OCT 15 2010

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Pro-Active Solutions, 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:
Davin Blook
David Blook Name of Person FOR THE STATE OF THE STATE O
Pro-Active Solutions, LLC Firm/Company 67 Ruins Ct. Address
Firm/Company
67 Rains Ct. Address
Address
Ponce Inlet, FL 32127 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Block at (386), 843-1863 Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$130.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



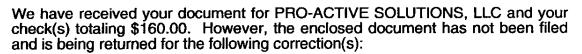
FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2010

DAVID BLOOR PRO-ACTIVE SOLUTIONS, LLC 67 RAINS CT. PONCE INLET, FL 32127

SUBJECT: PRO-ACTIVE SOLUTIONS, LLC

Ref. Number: W10000046199



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #L04000082303, PROACTIVE SOLUTIONS LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FILED 1:22

Letter Number: 910A00023412

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Li	mited Liability Company is:	
Proact	ive Property S	Solutions, LLC ity Company, "L.L.C.," or "LLC.")
(Mus	st end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Add	dress:	
The mailing address	s and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
67 RAINS	s Ct let FL 32127	197 Rains C+ Ponce Inlet FL 32127
(The Limited Liability Co business entity with an a		Office, & Registered Agent's Signature: tered Agent. You must designate an individual of thother registered agent are:
	~ ^	$\mathcal{C}_{\mathcal{C}}}}}}}}}}$
	Davio 131	DOR TO TO
	Name	
	67 Rains	<u> </u>
		iress (P.O. Box NOT acceptable)
	Ponce Inl	ext 132127
	City, St	ate, and Zip
liability compan registered agent an statutes relating to	ty at the place designated in t ad agree to act in this capacit o the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

"MGRM" = Managing Men	Davío Bloor
	67 Rains Ct Ponce Inlet FL 32127
MGRM	David Bloom 67 Rains Ct
	Ponce Triet FL 3212P
	FONCE TAIL FLORING
<u> </u>	
(Use attachment if necessar	y)
LE V: Effective date, if other	er than the date of filing: (OPTIONA
	te must be specific and cannot be more than five business day
-	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David BLook
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)