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(Cit	ty/State/Zip/Phone	e #)
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FICK-UP	VVAII	I WAIL
(D.,	To the Park Name	
(Business Entity Name)		
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Certified Copies	_ Certificates	of Status
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EXAMINER

Office Use Only



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SEERETARY OF STATE

COVER LETTER \			
TO: Registration Section Division of Corporations			
SUBJECT: Pro-Form Ind.			
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:			
Michael A. Boname	.		
Name of Person	2011		
し 色	<u>s</u>		
Firm/Company Output Output	<u>-</u>		
3918 Nega St. 195	7		
Address	2010 NOV -1 PH 3: 06		
Panama City Beach, Fla. 3240	6		
Proferm Ind (S) amail com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please cali:			
Michael Boname at 850 238-2526 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\bigcup \text{Certified Copy} \\ (additional copy is enc	ıs &		

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

The name of the Limited Liability Co	ompany is:
Pro-Form In	d LLC
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ss of the principal office of the Limited Liability Company is:
The maining address and street address	is of the principal office of the Elithica Elability Company is.
Principal Office Address:	Mailing Address:

3918 Vega St.	Same
Pangma C, F, Beach	
Fla, 32408	

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:

ARTICLE 1 - Name:

Michael A. Bangme Florida street address (P.O. Box NOT acceptable)

Pangma City Beach FL. 37408

City, State, and 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 (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: Name and Address: "MGR" = Manager

"MGRM" = Managing Member (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:

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.)

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)