

L1000d27673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

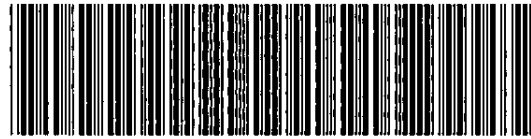
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01/01/2011



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FILED
10 DEC 13 PM 12:06
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 14 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL PRO SERVICES of SOUTH FLORIDA, 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:

CLAYTON COCKERHAM
Name of Person

ALL PRO ELECTRIC
Firm/Company

5641 ATLANTA STREET
Address

HOOLLYWOOD, FL 33021
City/State and Zip Code

allproelectric@bellsouth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAYTON COCKERHAM at (954) 963-4025
Name of Person 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

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10 DEC 13 PM 12:06
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL PRO SERVICES of SOUTH FLORIDA, 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:

5641 ATLANTA ST.
HOLLYWOOD, FL 33021

Mailing Address:

5641 ATLANTA ST.
HOLLYWOOD, FL 33021

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:

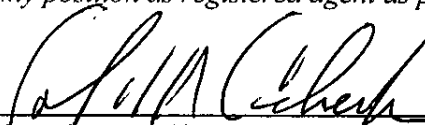
JOHN M. COCKERHAM
Name

5641 ATLANTA ST.
Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD, FL 33021
City, State, and Zip

FILED
10 DEC 13 PM 12:06
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)

EFFECTIVE DATE 01/01/2011

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

CLAYTON COCKERHAM
5641 ATLANTA ST.
HOLLYWOOD, FL 33021

MGR

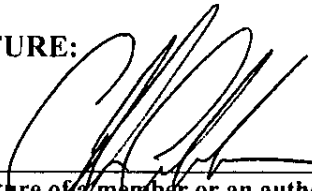
STACY KINNEY
3145 N 36TH AVENUE
HOLLYWOOD, FL 33021

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JAN. 1, 2011 (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 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.)

Clayton Cockerham

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)

FILED
DEC 13 PM 12:06
CLERK OF STATE
TALLAHASSEE, FLORIDA