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To: Division of Corporations : (850)617-6383 Fax Number From:

Account Name : HUBCO Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

lucky trifilos @ aol.com Email Address: Ô

FLORIDA LIMITED LIABILITY CO. Pro Tek Services LLC

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EXAMINER

06/02/2011 10:16:57 AM -0400 POWERED BY ORCAN	FAX PAGE 2 OF 3	
	H11000144421	
ARTICLES OF ORGANIZ	ZATION	
FOR		
FLORIDA LIMITED LIABILIT	YCOMPANY	
ARTICLE I - Name The name of the Limited Liability Company is: Pro Tek Services		
ARTICLE II - Address		77
The mailing address and street address of the principal office of the Limited	496-2	
Principal Office Address: Mailing A	iddress:	7
13880 Orange Grove Boulevard 13880 (Orange Grove Boulevard 🔅 👼	
Royal Palm Heach, FL 33411 Royal J	Palm Beach, FL 33411	

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Lucky Trifilos

Name

13880 Orange Grove Boulevard

(P.O. Box or Mail Drop Box NOT Acceptable)

Royal Palm Beach, FL 33411

(City / State / 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.

Int

Registered Agent's Signature - Lucky Trifilos

H11000144421

ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: "MGR" = Manager "MGRM" = Managing Member

MGRM	Lucky Trifilos	13880 Orange Grove Boulevard	2011 ALL
		Royal Palm Beach, FL 33411	
			ASSE
) W I I III			
(Use attachment if necessary)			Contraction of the second seco

REQUIRED SIGNATURE:

Signature of a member or 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.)

Lucky Trifilos

Typed or printed name of signee