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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinett (William))
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2011 AUG -4 MICE 15
SECRETARY OF STATE
AHASSEE, FLORIDA

T. CLINE
AUG - 5 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CO Pro Services	
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:	
Name of Person	
Firm/Company	
2555 W. Burr Oak Ct.	
Scarcisale #1 34232	
Brian Jessica Ceo @ Grail. com Fig.	F. 1
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	[Ti
Jessica Fox at 941 650-404 Pos To Name of Person Area Code & Daytime Telephone Number	U
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\times \text{Certified Copy (additional copy is enclosed)}}\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	
Mailing Address Street/Courier Address Registration Section Registration Section	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:
	services, LLC
(Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2555 W. Burr Dak Ct Sarasota FC 34232	- <u>Same</u>
The Limited Liability Company cannot serve business entity with an active Florida registra	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.)
The name and the Florida street add	
2555	Name W. Burr Dake C4 Orida street address (P.O. Box NOT acceptable)
FI	orida street address (P.O. Box NOT acceptable)
Saraso	FL 34232 City, State, and Zip
liability company at the place de registered agent and agree to act in statutes relating to the proper and	agent and to accept service of process for the above stated limited esignated in this certificate, I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of all a complete performance of my duties, and I am familiar with and sition as registered agent as provided for in Chapter 608, F.S
Registered	Agent's Signature (REQUIRED)

Page 1 of 2

(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	Name and Address:
"MGRM" = Managing Member WGR	Brian J. Ceo 2555 W. Bur Bak Ct Surasote FC 34232
(Use attachment if necessary) ARTICLE V: Effective date, if other than the lift an effective date is listed, the date must be	be specific and cannot be more than five business tays prior
o or 90 days after the date of filing.) REQUIRED SIGNATURE:	TARY OF STATE ASSEE, FLORIDA
Signature of a memb	er or an authorized representative of a member.

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)